FOR

medical examiner must be harified of once.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤼

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2	U	dia .	U	U

	Ľ	REGISTRAR				CERTIF	FICATE OF DEATH	0	REG. NO	D.		
•		CEASED NAME	FIRST		MIDDLE	-30, III	LAST	2a DATE	OF DEATH	MONTH D	DAY YEAR	2b. HOUR
			Minna	NO E	Louise	Sand	rock	Aug	ust 15	, 1981		11:45a,
	3 SE			4. RACE		5. DATE O		6 AGE (II	YEARS LAST BIR		IF UNDER 1 YEAR	
		Female		Whi	te	Feb.	9, 1889 YEAR	92		YRS.	ONTHS DAYS	HOURS MIN.
-		RTHPLACE I STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIM	ORE CITY O		OF DEATH	
5	· '	Towa		U.S.	Α.	WIDOW	D NEVER MARRIED DIVORCED	Ra	ltimor	e Cour	ntv.	MD.
-	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUA	LOCCUPATI	ON	126. KIND (	OF BUSINESS OR
8	To	owson		St.	Toseph 1 s	Hospi	tal		• Nurs		INDUSTRY	
6	13a S	AL RESIDENCE OF NUR. TATE aryland	136 COUN	TIMORE	Towson	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREE 23	TADDRESS 7 Burk	e Ave		
2	14 FA	THER'S NAME UNKNOW	N	MIDDLE	Raatz		15 MOTHER'S MAIDEN NA FIRST UNKNO		WIDDLE		-LA	51
	16a V	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS		
	Î	(ES NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	180-26-6	288	Paul W. Sand	rock	302 B	rook F	Road	
	NO	Conditions, if ony gove rise to imm couse (a), statiunderlying couse	, which mediate ng the	DUE TO, O  DUE TO, O  (c)	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E	O VA	SCULAR ARRE		ise or coni	DITION GIVE		MMATE INTERVAL ONSET AND DEATH
1	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	_	IN CERTIFY	WERE FINDI	OF DEATH?
7	MEDICAL CERTI	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED.	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR 19	21c. HOW INJURY OCCURI	YES	NO[]		ART 1 OR PART 2)	NO []
	MEC	WHILE NOT WE AT WORK	HILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	100	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that a saw the decease obove, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	ed olive on did)	Augustiview the body	te deceosed from the last of t	81	nd that in (our) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 7620 York R	MEDICA	STAF	F	ond from the	
	23a B	URIAL, CREMATION,			23€. №	NAME OF C	EMETERY OR CREMATORY	23d. LO	CATION			-Way
	Bi	speciev)		Aug. 19	9.1981 Ar	lingt	on National C	en.	Arling	ton.	Virgi	nia

Ruck Towson Funeral Home, Inc. Towson, Md. 21294

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

etoined by the hospital or attending physician

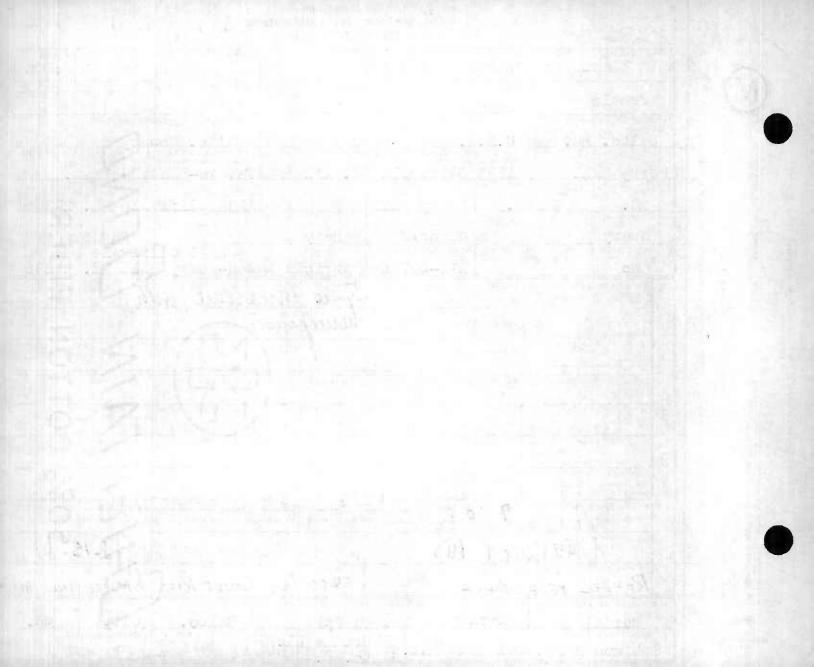
AUGU TE SERVICE STORY OF THE SERVICE SERVICES 25 . 1, 1 . 1 . . . 7.1 Wt. Joseph n Home tal He Line n Live sot . AV . Swit says of TEL Was and Control Entered Land Control Land The Local Mile Page 10 . The Report Rents

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7620 Yeaks Ma., Monacus, 40 2750k

A	C= 1 ==			DEPARTMENT OF	1100001111			1 1 1		
1. DI	REGISTRAR		ME	DICAL EXAMIN	NER'S CE	RTIFICATE OF	DEATH ! RE	G. NO.		
	ECEASED NAMI	E FIRST	MAX	MIDDLE E	LA	SAAR	2g. DATE KNOW	NN M MONTH	DAY YEAR	2b. HC
1 (1)	YPE OR PRINT)	MAX	1,210	E.	SAI	7R	OF EST DEATH MAT	ED 8	23,81	04
3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN Y	EARS IF UND	ER 1 YR. IF UNDER 24		MONTH	DAY YEAR	2d HC
M	ALE	CAUCAS.	MONTH DAY	YEAR LAST BIRTHO	(RS.	DAYS HOURS A	PRONOUNCED DEAD	8	23,81	10
70. E	BIRTHPLACE (S	TATE OR	76. CITIZEN OF W		To.	NEVER MARRIED	9. BALTIMORE	CITY OR COUN	NTY OF DEATH	
E	STONT A		USA		WIDOWEL		- I E V I III I V	MORE C	OUNTY	
10 C	CITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM	E, OR OTHER		2a. USUAL OCCUPATIO	N (TYPE OF WORK	12b. KIND OF B	USINES
R	OSEDAL	E		OSEDALE H	EIGHT	S AVE.	FOR MOST OF WORKING LII		CHURCE	
76. E 10 C RUSU 130. S N	AL RESIDENCE	(IF IN NURS TO A HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	ION)			1	TURURUE	
NT	EW JER	SEYMIDD	LE SEX	EDISON		YES NO W	1 BROOK	1777		
14.F	ATHER'S NAME		HE SEA	EDIZON		5. MOTHER'S MAIDEN		VE.		
2	FIRST		MIDDLE	CAAD	1	FIRST	MIDDLE		LAST	
160.	WAS DECEASE	D EVER IN U.S. ARM	NED FORCES?	SAAR	TY NO.	ELIZABE 7. INFORMANT		DRESS		•
5 (	YES, NO, OR UNKNO					IIDTTD CAA			00000	
=	NO NO	DE DEATH (Face and		15024457	9 1	HELLE SAA	R 1 BROOK	AVE.	08820	E INTERVA
	PARTIDE	OF DEATH (Enter only EATH WAS CAUSED	BY:	+		1: 11:			BETWEEN ONS	ET AND DE
	1/11/	IMMEDIATE		cute myor		1 injunction	^			
5	4/0	ns, if ony, which	DUE TO, OR	AS A CONSEQUENCE	4	- 1 .	0 1	•		
1	gove ris	se to immediate	(b)	-Morre Try	perlens	ure condition	rox away cu	seure		
	lying cou	) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENCE	OF					
			(c)							+ 1111
7	PART 2 OTHER ST	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERM	MINAL OISEASE D	R CONDITION GIVEN IN PART 1	(a).			
1 8	10 5175.05	COSCOLATION								
CATIO	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WAS	S PERFORMED?			20 AUTOPSY	?
RTIFICATION									YES 🗆	, NO
CERTIFICATION	21a. EXTERNA	AL CAUSE WAS	21b. TIME O		21c. HOV		ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	YES 🗆	1
	21a. EXTERNA	AL CAUSE WAS G OR NG CAUSE OF DI	21b. TIME OF HOUR A.M EATH P.M	FINJURY A. MONTH DAY YEA I. 19	R 21c. HOV	V INJURY OCCURRED	LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	YES 🗆	1
	21a. EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C	AL CAUSÉ WAS G	21b. TIME OF HOUR A.M	FINJURY A. MONTH DAY YEA	21c. HOV	V INJURY OCCURRED	LENTER NATURE OF INJURY IN		YES 🗆	1
MEDICAL CERTIFICATION	21a. EXTERNA UNDERLYING CONTRIBUTIO 21d. INJURY C	AL CAUSÉ WAS G	21b. TIME OF HOUR A.M	FINJURY  A. MONTH DAY YEA  A. 19  OF INJURY (AT HOME.	21c. HOV	V INJURY OCCURRED			YES -	Ю
	210. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK	AL CAUSE WAS  OR  NG CAUSE OF DI  DECURRED  NOT WHILE  AT WORK	21b. TIME O HOUR A.A EATH 21e PLACE STREET, FAC	FINJURY  1. MONTH DAY YEA  1. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRI	V INJURY OCCURRED	CITY OR TOWN	c	YES OUNTY	Ю
	21a. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK	AL CAUSE WAS  G OR  NG CAUSE OF DI  DOCCURRED  NOT WHILE  AT WORK	21b. TIME O HOUR A.M P.M 21e. PLACE STREET, FAC	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRI	ATION Inspection	CITY OR TOWN		YES OUNTY	lon
	210. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK	AL CAUSE WAS  G OR  NG CAUSE OF DI  DOCCURRED  NOT WHILE  AT WORK	21b. TIME O HOUR A.A EATH 21e PLACE STREET, FAC	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRI	ATION EET  Inspection Homicide	CITY OR TOWN	c	YES OUNTY	Ю
	21a. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK  22a. L certi deoth results	AL CAUSE WAS  G OR  NG CAUSE OF DI  DOCCURRED  NOT WHILE  AT WORK	21b. TIME O HOUR A.M P.M 21e. PLACE STREET, FAC	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRI	ATION Inspection	CITY OR TOWN  Inquiry  Undetermined monner	ond in my o	OUNTY  Part 2)  OUNTY  Popinion	lon
	21a. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK  22a. I certii deoth results ACTUAL SIGNATURE	AL CAUSE WAS  OR NG OR NG CAUSE OF DI DOCCURRED  NOT WHILE AT WORK  If that I took charge ted from: Notura	21b. TIME O HOUR A.M P.M 21e. PLACE STREET, FAC	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRI	ATION EET  Inspection Homicide	CITY OR TOWN	ond in my e	OUNTY  Part 2)  OUNTY  Popinion	по
	21a. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK  22a. I certi deoth results  ACTUAL SIGNATURE.	AL CAUSE WAS  OR NG OR NG CAUSE OF DI DECEURRED  NOT WHILE AT WORK  If that I took charge led from: Noture  NAME TO DO	21b. TIME OI HOUR A.M. 21e PLACE: STREET, FAC	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRI  Autopsy uicide ,	ATION LET  Inspection Homicide  CSPECIFE  211	Undetermined monner	ond in my o	OUNTY  Part 2)  OUNTY  Popinion	по
MEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK  22a. I certi deoth resulte ACTUAL SIGNATURE.  EXAMINER'S (TYPE OR PRII	AL CAUSE WAS  OR  NG OR  NG CAUSE OF DI  DOCCURRED  NOT WHILE  AT WORK  Offy that I took charge  ted from: Noture  NAME J. CRO  NTION REMOVAL 173	21b. TIME OF HOUR A.M. P.M. 21e. PLACE: STREET, FAC.	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (ATHOME, TORY, FARM, ETC.)  Scribed obove, held on Accident , Si	21f. LOCA STRI  Autopsy uicide,  A.D	ATION LEST  Inspection Homicide  DORESS  ATION CONTROL  ATION Homicide  DORESS	Undetermined monner  MEDICAL EXAMINER	ond in my o	OUNTY  Part 2)  OUNTY  Popinion  Sep 23	NO 1
WEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK  22a. I certi deoth resulte ACTUAL SIGNATURE.  EXAMINER'S (TYPE OR PRII	AL CAUSE WAS  OR  NG OR  NG CAUSE OF DI  DOCCURRED  NOT WHILE  AT WORK  Offy that I took charge  ted from: Noture  NAME J. CRO  NTION REMOVAL 173	21b. TIME OF HOUR A.M. P.M. 21e. PLACE: STREET, FAC.	FINJURY A. MONTH DAY YEA  I. 19 OF INJURY (ATHOME, TORY, FARM, ETC.)  Accident , Si  DONOUGH  236. NAME OF CE	21f. LOCA STRI  Autopsy uicide	ATION Homicide TYLE (SPECIFY) DDRESS CREMATORY	Undetermined monner  MEDICAL EXAMINER  MEDICAL EXAMINER  MEDICAL OCATION  CITY OR TOWN	ond in my o	OUNTY  Part 2)  OUNTY  Popinion  See Deb	по
WEDICAL MEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK  22a. L certi deoth result ACTUAL SIGNATURE.  EXAMINER'S (TYPE OR PRII	AL CAUSE WAS  OR NG OR NG CAUSE OF DI DOCCURRED  NOT WHILE AT WORK  If that I took charge and from: Noture  NAME J. CRO NTION, REMOVAL 23	21b. TIME OI HOUR A.M. EATH P.M. 21e. PLACE STREET, FAC.	FINJURY A. MONTH DAY YEA  I. 19 OF INJURY (ATHOME, TORY, FARM, ETC.)  Accident , Si  ACCIDENT ,	21f. LOCA STRI  Autopsy uicide	ATION Homicide DORESS CREMATORY  TERY	Undetermined monner  MEDICAL EXAMINER  23d LOCATION CITY OF TOWN  VALUE OF TOWN  CALUE  COLUMN  COLUMN	ond in my of DATE SIGN	OUNTY  Part 2)  OUNTY  Popinion  SEED  Md · 2	NO ST.

ACCEPTED THE SECURE OF THE PROPERTY OF THE PERSON

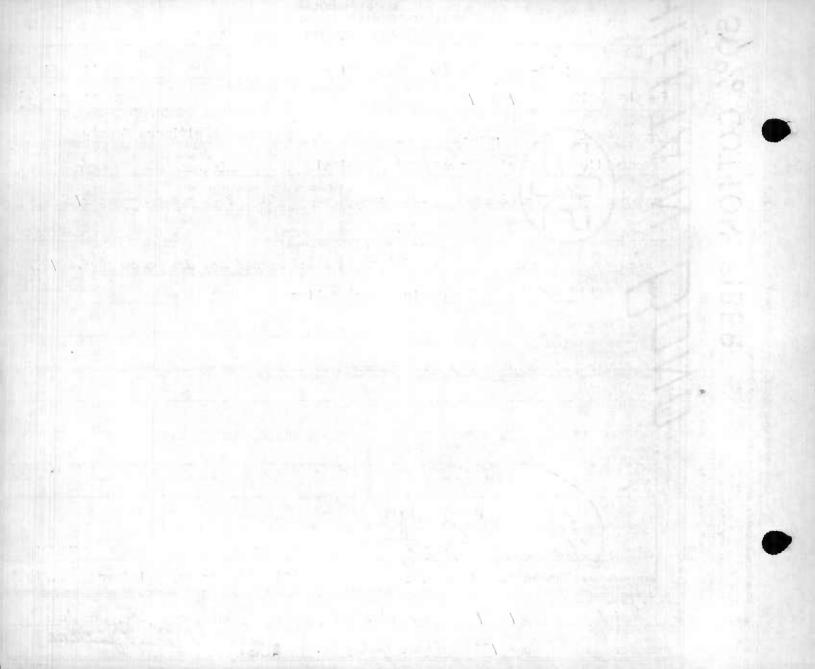


	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8   2	0203
oy be oge 3 deoth		CEASED NAME FIRST	MIDDLE	SAUTER	20. DATE OF DEATH MONTH	07 81 953 AM
ge 4 may be ector page rs ofter deat	3. SE		1 RACE CAUCACION	5. DATE OF BIRTH MONTH DAY YEAR 09 20 08	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
MA 5		RTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED   NEVER MARRIED X	Balto. Co	
55	Ra	ndallstown	Balto. Coun	ty Gen. Hosp.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Food prepare	12b. KIND OF BUSINESS OR INDUSTRY  Restaurant
in 24 hours	13a. :	Md. 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  JATO Balto	N 13d. INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS 2615 N. ROll	ing Road
completely is 1 and 2 sho		Oliver  VAS DECEASED EVER IN U.S. AF	V. Sautes		ME MIDDLE ADDRESS	Eitmiller
on and s. Page			216-16-		ADDRESS	
that the death certificate d by the attending physici lease remove carbon paper iol, cremation, or removol.		PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) ACUTE  DUE TO, OR AS A CONSEQUE  (c) ARTEIZ	NCE OF MYD CARDIÁ	EART DISEAS	E
he low requires on. hos been signe 1 permit. Then prine to bur	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The Inending physicion. This certificate has this certificate has build-transit per and Mental Hyguesed or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	YES NO YE	
NG PHY offer this os the but th and A	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI or ospitol or eCTOR: A for use 1. of Heol		saw the deceased alive ar abave, (1) (we) (did) (did no	oital) attended the deceased from_ n19 at view the body after death.		death occurred on the date and hou	
by the humber of the bound of t		22b. SIGNATURE	Colores Only	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 8/7/8/
TO HOSPITAL TO FUNERAL should be deto with the Store I MPORTANT: II		DR. Sur	SHIR PATE	L Borl. Co	ounty bear	Hosp
BP	(	REMOVAL  REMOVAL  REMOVAL  JNERAL DIRECTOR	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		Anatomy Boar	ADDRESS	Balto., Md.	JG 1 4 190 P	KAKSHOMANOR

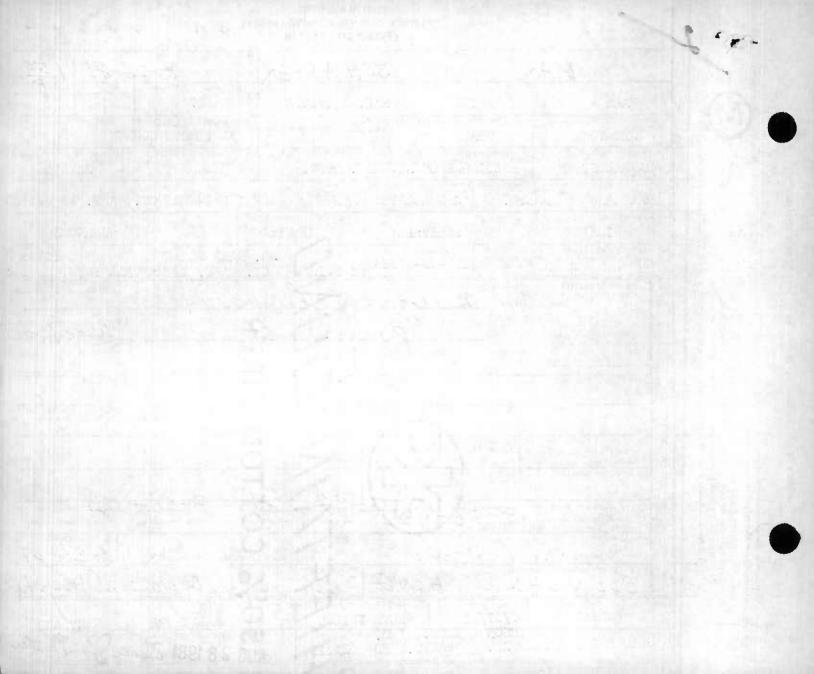
Salso, County '			.0.2.0		511	
SHARRED PARKETS FORT	TROFF	ountry den.	o .odiaT	2002	Ja I I sko	107
head and long to 2005.						
	statt.	Toda	68	7	navato	
		2608-32				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  LDECEASED NAME [170F OR PINATE   PROJECT   PROJ	SEX	1		05040	STATE OF MARYLAN		alla.
1. DECEASED NAME 1851	1. DECEASED NAME 1831	1	- STATE			34	2020
3. SEX   4, RACE   3. DATE OF BITH   5. DATE OF	3. SEX   4. RACE   3. DATE OF BIRTH   DAY   YEAR   AGE INVERTOR   TYR.   IF UNDER 24 HRS.   2. DATE   DATE   MORTH   DAY   YEAR   AGE INVERTOR   TYR.   IF UNDER 24 HRS.   2. DATE   MORTH   DAY   YEAR   AGE INVERTOR   DAY   YEAR   AGE INVERTOR   DAY   YEAR   AGE INVERTOR   DAY   YEAR   AGE INVERTOR   DAY   YEAR   DEATH   DAY   YEAR   AGE INVERTOR   DAY   YEAR   DEATH   DAY   D	1				KE	
3. SEX	3. SEX		TYPE (AD DOINIT) 8 4 84	MA R.	SCHAFBER	OF ESTI-	- 1
10. CITIZEN OF WHAT COUNTRY   12. WAS REPROADED   10. DATS   10.	1.6. BIRTHPIACE   STATEOR   1.0 CHTZEN OF WHAT COUNTRY	3		IS DATE OF BIRTH	AGE (IN YEARS I IE UNDER 1 YR		
76. BIRTHPLACE   STATE OR   78. CITYZEN OF WHAT COUNTRY?   18. MARRIED   19. NEVER MARRIED   19. BALTIMORE CITY OR COUNTY OF DEATH   19. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   176. USUAL OCCUPATION (TIPE OF WORK   178. KIND OF BUSING HOME OF HOSPITAL)   18. KIND OF BUSING HOME OF HOSPITAL PROBLEMS   18. KIND OF BUSING HOME OF WORK   178. KIND OF BUSING HOME   178. KIND OF BUSING HOME OF WORK   178. KIND OF BUSING HOME OF BUSING HOME OF BUSING HOME O	16. CITY OR FORM OF DEATH   11. AMAE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   126. USUAL OCCUPATION (1774 OF WORK   178. KIND OF BUSING HOME)   18. CITY OR FORM OF DEATH   18. AMAE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   126. USUAL OCCUPATION (1774 OF WORK   178. KIND OF BUSING HOME)   178. KIND OF BUSING HOME SUCK ACCURS OF SUC		FIL	MONTH DAY YEAR	LAST BIRTHDAY) MONTHS DAYS	HOURS MIN PRONOUNCED	& nd di.
CITY OF FOUND   DIVORCED   DIVORCED   BATO. CO.  CITY OF FOUND OF DEATH   II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TYPE OF WORK 120. MINDOSTRY 12	III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TITRE OF WORK INFORMATION OF BUSINE)   120. WINDOWSTRY   120. WINDOWSTR		BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COU	NTPV2	9 BALTIMORE C	
19. CITY OF TOWN OF DEATH	19. CITY OF TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TITY OF WORK   170. KIND OF BUSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS)   120. AUTOPSY?   120. CITY OF TOWN   120. USUAL OCCUPATION (TITY OF WORK   170. KIND OF BUSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS)   120. CITY OF TOWN   120. WAS DECEMBED FOR OTHER INSTITUTION, GIVE SENDENCE BEFORE ADMISSION)   120. CITY OF TOWN   120. INSTITUTION, GIVE SENDENCE BEFORE ADMISSION)   120. CITY OF TOWN   120. INSTITUTION, GIVE SENDENCE BEFORE ADMISSION)   120. CITY OF TOWN   120. INSTITUTION   12		7 - 1	1 11.5A			(.()
USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  38. STATE  138. COUNTY  138. CITY OF TOWN  139. STATE  138. COUNTY  139. COUNTY  139. COUNTY  130. WAS DECEASED FOR AND PRINCE  150. WAS DECEASED FOR IN U.S. ARMED FORCES?  160. WAS DECEASED FOR IN U.S. ARMED FORCES?  160. SOCIAL SECURITY NO.  171. INFORMANT  172. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  181. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  182. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  183. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  184. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  185. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  186. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  187. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  188. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  189. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  180. WAS DECEASED BY:  180. WAS DECEASED FOR ARMED FORCES?  180. SOCIAL SECURITY NO.  181. INFORMANT  181. INFORMANT  182. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  184. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  185. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  180. WAS DECEASED FOR ARMED FORCES?  180. SOCIAL SECURITY NO.  181. INFORMANT  181. INFORMANT  180. WAS DECEASED FOR ARMED FORCES?  180. SOCIAL SECURITY NO.  181. INFORMANT  181. INFORMANT  181. INFORMANT  ADDRESS  APROVINCE MAIN ADDRESS  APROVINCE MAIN ADDRESS  181. CAUSE OF DEATH (a), and	USUAL RESIDENCE IF IN NUISING HOME OR OTHER INSTITUTION, ONE RESIDENCE REFORE ADMISSION)  138. STATE  138. COUNTY  139. STATE  139. COUNTY  139. STATE  139. COUNTY  139. STATE  139. COUNTY  130. STATE  139. COUNTY  139. STATE  139. COUNTY  139. STREET  139. COUNTY  139. STREET  139. COUNTY  139. STREET  139. COUNTY  130. STREET  139. STREET  139. COUNTY  130. STREET  139. SOUTH MAINSTANCE  139. STREET  139. SOUTH MAINSTANCE  139. STREET  139. STREET  139. SOUTH MAINSTANCE  139. STREET  139. STR	ID			JRSING HOME, OR OTHER INSTITUT	TION 120. USUAL OCCUPATION	TYPE OF WORK 12b. KIND OF BUSIN
134 LRESIDENCE   IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)   134 CITY OR TOWN   134 CITY OR TOWN   135 CITY OR TOWN   135 CITY OR TOWN   136 CITY LIMITS?   136 STREET ADDRESS   15. MOTHER'S MAIDEN NAME	USUAL RESIDENCE   F IN NURSING MOME OF CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION   13d. IMSIDE (TITY UMILIS?)   13d. IMSIDE (TITY UMILIAN UMILI		Tourson	237 Beaver	- Back Circ	FOR MOST OF WORKING LIFE	1 TOWN SON
15. MOTHER'S NAME  MIDDLE  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. DE UNKNOWN)  167 YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  APPROXIMATE INITIAL SCALAR SECURITY NO.  17. INFORMANT  ADDRESS  APPROXIMATE INITIAL SCALAR SECURITY NO.  18. CAUSE OF DEATH (Enter only one couse per limp for (o), (b), opd (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate couse (o) storing the under-lying couse lost:  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES  101. MOTHER'S MAIDEN NAME  FIRST  ADDRESS  GOVERNMENT  ADDRESS  ADD	18. CAUSE OF DEATH (Enter only one couse per lyng for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  DUE TO, OR ANA CONSEQUENCE OF  Lying couse lost.  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  191. INFORMANT  ADDRESS  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  191. INFORMANT  ADDRESS  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  192. DATE OF OPERATION  193. CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  210. AUTOPSY?  YES OF CONTRIBUTING OR CONTRIBUTING TO DEATH PART 1 OR PART 2  110. INJURY OCCURRED  111. INJURY OCCURRED  112. INJURY OCCURRED  113. INJURY OCCURRED  114. INJURY OCCURRED  115. MOTHER'S MAIDEN NAME  115. MOTHER'S MAIDEN NAME  115. MOTHER'S MAIDEN NAME  116. NAME OF DEATH PART 1 OR PART 2  117. INFORMANT  ADDRESS  CAN ADDRESS  CA		UAL RESIDENCE LIF IN NURSIN	HOME OR OTHER INSTITUTION, GIVE RESIDENCE		TY LIMITED AIR STREET ADDRESS	1
15. MOTHER'S MAIDEN NAME   15. MOTHER'S NAME   15. MOTHER	160. WAS DECEASED EVER IN U.S. ARMED FORCES?   160. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   APPROXIMATE IN   IMMEDIATE CAUSE (b)   DUE TO, OR AS A CONSEQUENCE OF   Immediate couse (o) stating the under-lying couse lost.   (c)   DUE TO, OR AS A CONSEQUENCE OF   Immediate couse (c)		Yaryland	Baltimore To		NO 1 237 Beave	- Bank Circ
(YES, NO, OR UNKNOWN)  (IF YES, GIME WAR OR DATES)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AN A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse lost.  (c)  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CAUSE OF DEATH  P.M. 19  P.M.	(YES, NO, OR UNKNOWN)    IF YES, GIVE WAR OR DATES    18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b).   DUE TO, OR ANA CONSEQUENCE OF   Conditions, if any, which gave rise to immediate couse (o) stoting the under-lying couse lost.   (c)     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CON	Ti.	FATHER'S NAME	WIDDLE		R'S MAIDEN NAME	LASI
(YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AN A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a) storing the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  19  19  19  19  19  19  19  19  19  1	(YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b).  DUE TO, OR MA CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (c) storting the underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  196. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  210. AUTOPSY?  YES OF THE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES OF THE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES OF THE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES OF THE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES OF THE SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	1	Walter		lum No	Mie	Glad Felte
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  Conditions, if any, which gave rise to immediate couse (o) stating the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR WHICH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH  P.M.  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M.  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  11d. INJURY OCCURRED  21d. CAUSE OF DEATH  21d. INJURY OCCURRED  21d. I	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AN A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (o) stoting the underlying couse lost.  (b)  DUE TO, OR AN A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH  VES 1  19c. CAUSE OF DEATH  19c. CAUSE OF DEATH  19d. COUNTY  19d. CAUSE OF DEATH  19d.	16	WAS DECEASED EVER IN (YES, NO, OR UNKNOWN)	I.S. ARMED FORCES? 16b. SO ES, GIVE WAR OR DATES)	1 /	ADD	RESS
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AN A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (o) stating the <u>underlying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES   NOTE:  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES   NOTE:  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES   NOTE:  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES   NOTE:  190. AUTOPSY?  YES   190. AUTOPSY?	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  DUE TO, OR AN A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (o) storting the underlying couse lost.  (b).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M. 19  19t. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTING CAUSE OF DEATH  P.M. 19  WHILE NOT WHILE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY		110	188.	-05-1901 fait.	11. Schaeberte,	Circle Towson
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a) stating the under-lying couse lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS UNDERLYING OR OR WHICH OPERATION WAS PERFORMED?  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M.  19c. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CONTRIBUTING CAUSE OF DEATH  P.M.  10c. AUTOPSY?  YES   21d. NUMBER YOUR CAUSE OF DEATH  P.M.  11d. INJURY OCCURRED  21d. LOCATION	IMMEDIATE CAUSE (o).  Conditions, if any, which gave rise to immediate couse (o) stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. FLACE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  WHILE NOT WHILE STREET CITY OR TOWN COUNTY  AT WORK STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)		18. CAUSE OF DEATH (E	ater only one couse per line for (o), (h	o), and (c).)	11 1-01-0	
Conditions, if any, which gave rise to immediate couse (o) stating the <u>underlying couse lost.</u> (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES   NDERLYING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  17d INJURY OCCURRED  21d INJURY OCCURRED	Conditions, if any, which gave rise to immediate couse (o) stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE OF INJURY (AT HOME, AT WORK STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY			MEDIATE CAUSE (o)	mensive cur	arc vascular	custase
gave rise to immediate couse (o) stating the <u>under-lying couse lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS UNDERLYING OR UNDERLYING OR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  21d INJURY OCCURRED	Gave rise to immediate couse (o) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY		4029		NSEQUENCE OF		1000
Solution   State   Significant (Onditions Contributing to Death But not related to the terminal disease or Condition Given in Part 1 (a).    19a. Date of Operation   19b. Condition for which operation was performed?   20. Autopsy?   YES   Note:   19a. External Cause was   21b. Time of Injury   Hour A.M. Month Day Year   21c. How Injury occurred (enternature of Injury in (tem 18 Part 1 or Part 2)   19a. Date of Death But not related to the terminal disease or Condition Given in Part 1 (a).    20a. Autopsy?   Yes   Note:	Lying couse lost: (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMOITION GIVEN IN PART 1 (a).      19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   20. AUTOPSY?		gave rise to imm	rediate (b)			
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES  N 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING AMENON OF DEATH P.M. 190. DATE OF OPERATION 210. AUTOPSY?  YES  N 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  190. DATE OF OPERATION 210. AUTOPSY?  YES  N 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	190. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   20. AUTOPSY?   YES   No.   No.   No.   No.   No.   YES   No.   No			DUE TO, OR AS A CO	NSEQUENCE OF		
190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES   10. EXTERNAL CAUSE WAS  UNDERLYING  OR  CONTRIBUTING  CAUSE OF DEATH  P.M.  10. AUTOPSY?  YES  11. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING  CAUSE OF DEATH  P.M.  10. AUTOPSY?  YES  11. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING  CAUSE OF DEATH  P.M.  11. PLACE OF INJURY  AT HOME  21. LOCATION	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY? YES   N  216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  216. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY			(c)			
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 2 714 INJURY OCCURRED 718 PLACE OF INJURY (ATHOMS 714 LOCATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY  COUNTY	١,		DITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 2 714 INJURY OCCURRED 718 PLACE OF INJURY (ATHOMS 714 LOCATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY  COUNTY	1	194 DATE OF OPERATIO	N TIEN CONDITION FOR	WHICH OPEDATION WAS DEDECODE	MEDO	Ten ALITOREVO
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 2 714 INJURY OCCURRED 718 PLACE OF INJURY (ATHOMS 714 LOCATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY  COUNTY		E DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS PERFORM	NED:	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 2 714 INJURY OCCURRED 718 PLACE OF INJURY (ATHOMS 714 LOCATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY  COUNTY	4	210 EXTERNAL CAUSE V	/AS 21h TIME OF INITION	11, HOW INTHINY	OCCUPATION OF BUILDING OF BUILDINGS	
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	AT WORK AT WORK			HOUR A.M. MONTH	DAY YEAR	OCCORNED (EMIER NATURE OF INJURY IN III	EM TO FART I OK PART 2)
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	AT WORK AT WORK		CONTRIBUTING CAL				
			WHILE NOT WH	STREET, FACTORY, FARM,		CITY OR TOWN	COUNTY
22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . , and in my opinion			death resulted from:	Notycol couses . Accident	, Suicide , Homici	ide Undetermined manner	
	death resulted from: Notycol couses A. Accident , Suicide , Homicide , Undetermined manner ,		P	But 1	TITLE	PECIFY)	do
death resulted from: Notucol couses 2, Accident , Suicide , Homicide Undetermined manner ,	P B TITLE (SPECIFY)	1	ACTUAL SIGNATURE	/ The lucke	M.D. De	10- MEDICAL EXAMINER	DATE SIGNED
death resulted from: Notural couses Accident , Suicide , Homicide Undetermined manner ,	ACTUAL RESIDENCE THE SPECIFY DATE 4/28			P BREITHAN	511-0	O De MA	
death resulted from: Notice losses Accident , Suicide , Homicide , Undetermined manner ,  ACTUAL SIGNATURE	ACTUAL RESIGNATURE REDICAL EXAMINER DATE SIGNED 478	4	(TYPE OR PRINT)	V. DKELLENG	ADDRESS_	65/10	
death resulted from: Noticel couses 2. Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . DATE SIGNED . SIGNED . ACCIDENT . M.D. DEPT MEDICAL EXAMINER SIGNED . SIGNED . ACCIDENT . M.D. DEPT MEDICAL EXAMINER . SIGNED . ACCIDENT . M.D. DEPT MEDICAL EXAMINER . SIGNED . ACCIDENT . M.D. DEPT MEDICAL EXAMINER . SIGNED . ACCIDENT . M.D. DEPT MEDICAL EXAMINER . M.D. DEPT MEDI	ACTUAL SIGNATURE R. BREITENECKER M.D. DEFENDER SIGNED 478	23				DRY 23d. LOCATION	, COUNTY STATE
death resulted from: Notural couses A. Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . BREITENECKER ADDRESS.  230. BURIAL CREMATION, REMOVAL 236. DAJE . 236. NAME OF CEMETERY OF CREMATORY . 1236. LOCATION	ACTUAL REPORTED AND THE SIGNED AND SIGNED AN		// V'	8/30/81 6	redin & Ferris	West Ches	ter Chester ?
death resulted from: Notural couses A. Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . ACCIDENT . M.D MEDICAL EXAMINER . SIGNED . MEDICAL EXAMINER . SIGNED . MEDICAL EXAMINER . SIGNED . M.D MEDICAL EXAMINER .	ACTUAL SIGNATURE R. BREITENECKER ADDRESS.  230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY COUNTY SEATE	24	FUNERAL DIRECTOR	105	O York Rd.	250. DATAREC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
death resulted from: Notical couses 2. Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE R. BREITENECKER M.D. LEY MEDICAL EXAMINER SIGNED .  EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVAL 230. DATE (SPECIFY)  8/30/81 Creatin & Forms 1236. LOCATION CITY OF STATE COUNTY STATE  COUNTY S	ACTUAL SIGNATURE RIBRETONECKER M.D. DATE SIGNED DATE S	F			Towson, Md.21204	300 E 2 100 I	Munu Janster

		FOR	DEI	STA PARTMENT OF	TE OF MARY! HEALTH AND		IENE	6	0	. 3	0.5
4		STATE REGISTRAR	MEDIC	CAL EXAMIN	ER'S CERTI	IFICATE OF D	HTA	REG. NO.	U	4.	0 2
		CEASED NAME FIRST	M	IDDLE	LAST		2e. DATE	KNOWN TO	MONTH	DAY	YEAR 26 HOUR
	IITP	Winif	red (Winn	ie Sch	aeffler		DEATH	MATED	8	11 19	81 M
	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1			ICED	HTMOM	DAY	YEAR 2d. HOUR
	F	emale White	1/25/15	66 v		YS HOURS MIN	DEAD	(CED	8	11 19	81 10:40 P. M
15		RTHPLACE ISTATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNT	Y OF DE	ATH
2		ennsylvania	U.S. a.		WIDOWED A			timore			MD.
0		TY OR TOWN OF DEATH	11 NAME OF HOSPITA	Y GIVE STREET ADDRESS)			FOR MOST OF WOR	PATION   TYPE C	F WORK	126 KIND OR IN	OF BUSINESS NDUSTRY
4		atonsville	Spring Gro				Waitres	1		n/a	
10	13a. S	L RESIDENCE (IF IN NURSING HOME TATE 136 COUN	OR OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMISSI 3c. CITY OR TOWN		SIDE CITY LIMITS? 32 130.	STREET, ADDRE	SS . A			
5		rryland	OR OTHER INSTITUTION, GIVE RE Baltimore	Lansdo				cond A	enu	e 212	227
20	14. FA	FIRST	MIDDLE	LAST	15. MC	OTHER'S MAIDEN N	AME	IDDLE		C , LAS	0.01
)(,		yohn .		chaeffler	VALO 12 15 15	Mary		ADDRESS		chae	ffler
1	10a. V		WAROR DATES)	66. SOCIAL SECURIT			001	ADDRESS	,	1	0.4007
8				<i>22</i> 0 <i>-</i> 05-75	ou Kob	ert Schae	ffler 2	U4 Jec	ond i	Hve.	2122/
3		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D 01/		oant fai	Luno					OXIMATE INTERVAL N ONSET AND DEATH
	5		TE CAUSE (a) COIT	gestive h		Ture					
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. $ \mathcal{L}  =  \mathcal{L} $	9	Canditions, if any, which		A CONSEQUENCE	JF.						
× ×		gave rise to immediate cause (a) stating the under-	( ', -	A CONSEQUENCE	) E					-	
-		lying cause last.		A CONSEQUENCE	Jr.					140	
	-2	PART 2 OTHER SIGNIFICANT CONDITIONS	(CONTRIBUTING 1D DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE DR CON	OITION GIVEN IN PART 1 :	0				
4	NO										
	ATI	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER	ATION WAS PER	FORMED?				20 AUT	TOPSY?
2	TIFIC									YES	X ON D
2	CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY ONTH DAY YEAR	21c. HOW INJ	JURY OCCURRED (E	NTER NATURE OF IN	IURY IN ITEM 18 PA	RT I OR PAR	RT 2)	
7	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	19		-000 7774					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF I	NJURY (AT HOME,	211. LOCATION	N	CITY OR TO	WN	COL	INIY	STATE
	5	WHILE NOT WHILE [					CITT OR TO		(30		31712
		220. I certify hat I taak char	ge of the remains describ	ed abave, held an	Autapsy 🗌	, Inspection	, Inquiry	and	in my ap	inian	
		- / -					Indetermined mo		, ор		
		///	7/1 C	1 #	TITI	LE (SPECIFY)					
2		ACTUAL SIGNATURE	usel) 1	W.C.	M.D. De	puty Chie	MEDICAL EXAM	NINER .	DATE	<sub>D</sub> 8/1	12/81
1		6	Cm:+L	MD							AD 21201
d	10	EXAMINER'S NAME THOM (TYPE OR PRINT)	as v. Smith		ADDRE	SS	iii stree	, bal	1 11110	re, 1	MD.21201
	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CE			d. LOCATION CITYOR TOWN		Edun	92	SLATE
		Burial	8/14/81	New Cat	hedral (		Baltim		ty, 1	Mary	land
	24 F	UNERAL DIRECTOR	ADDRESS (		. 0.	25e. DATE REC	D. BY REGISTRA	R 197 GIS	"O	IGNATA	stle
	Av	nbrose Funeral	Home 1328 S	ulphur Sp	ring Rd.	AUG	1 3 1981	7,200	0	2.00	W. (1)



				DEDADT	MENT OF U	EALTH AMD MENTAL NV				
2	dos	STATE REGISTRAR	/	DEFARI		EALTH AND MENTAL HYO ICATE OF DEATH	REG. N	6-	0 4	
-		CEASED NAME	FIRSP	MIDDLE	0	AST A FFF	2a. DATE OF DEATH	MONTH DA	YEAR	26 HOU
	3 SE	X	4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE	T-25	FUNDER TYEAR	IF UNDER
		MALE		VHITE		1. 16° 189°4°	87	YRS.	ONTHS DAYS	HOURS
109	7a. Bi	RTHPLACE (STATE OR FOR NEW YORK		OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY OF			
51	1 .	TY OR TOWN OF DEATH	N BAL	OF HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORLFOR MOST)		126. KIND O	OF BUSINE
0	13a. S	AL RESIDENCE (# NURSING		TION GIVE RESIDENCE BEFOR	RE ADMISSION)	134 INSIDE CITY LIMITS?				
20		MARY LAND	BALIU.	RANDALI	LSTOWN	YES NO D	13° I TREE ADDRESS	RS CT.,	APT.	1B #
30		WILLIAM	WIDDLE	SCHÉVKE	ER	MINNIE	WIDDLE		UNK	NOWN
)	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE				SARA SCHA		LLSTO	21 VN. M
310110011 101		Conditions, if ony, we gave rise to immercouse (a), stating	which diote the DUE TO	O, OR AS A CONSEQUED, OR AS A CONSEQUED	Pni	eunoide	3		W	eck
and what's or clines incompany	ICATION	Conditions, if ony, we gave rise to immed couse 101, stating underlying cause	which diote the last.  CANT CONDITION	D, OR AS A CONSEQU D, OR AS A CONSEQU	POLENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES,	N IN PART 1(	o) NGS USED
1	ERTIFICATION	Conditions, if ony, we gave rise to immedicate (a), stating underlying cause  PART 2 OTHER SIGNIF	which diote the DUE TO lost. [c]	O, OR AS A CONSEQUED, OR AS A CONSEQUED SCONTRIBUTING TO MIDITION FOR WHICH	POLENCE OF	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	o) NGS USED
	CAL CERTIFICATION	Conditions, if only, we gave rise to immer couse (a), stating underlying cause	chich diote the DUE TO Inst. Ic.  ICANT CONDITION  IN 196 CO  IVING 1 216. TIME  ISSE OF DEATH HOUR	D, OR AS A CONSEQUED, OR AS A CONSEQUED, OR AS A CONSEQUED IN CONTRIBUTING TO	POLENCE OF  DEATH BUT  OPERATION		200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
1	MEDICAL CERTIFICATION	Conditions, if only, we gave rise to immedicate to immedicate to immedicate to immedicate the course to immedicate the course to immedicate the course to immedicate the course to immediate the course t	chich diote the DUE TO Inst. Condition of the Inst. Condition on Inst.	O, OR AS A CONSEQUED, OR AS A CO	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
1		Conditions, if ony, we gave rise to immed couse 1a1, stating underlying cause  PART 2 OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL  21d. IN JURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a. I certify that (1) (If say the deceased	chich diate the DUE TO Inst. Ic ICANT CONDITION  IVING 21b. TIME HOUR EXAMINER)  21b. TIME EXAMINER)  21c. PLA (ATHOM	O, OR AS A CONSEQUENCE OF INJURY  A.M. MONTH D  P.M.  ICE OF INJURY  E STREET, FACTORY, OFFICE, I	DEATH BUT  H OPERATION  AY YEAR  19  FARM, ETC.)	N WAS PERFORMED	200 AUTOPSY?  YES NO CENTER NATURE OF INJU  CITY OR TO	20b. IF YES, IN CERTIFYI YES	WERE FINDIII NG CAUSES  1 1 ORPART 2)  COUNTY	NGS USED OF DEATI NO
		Conditions, if ony, we gave rise to immed couse 1a1, stating underlying cause  PART 2 OTHER SIGNIF  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL  21d. IN JURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a. I certify that (1) (If say the deceased	chich diote the DUE TO last. Ic ICANT CONDITION  IVING TO BEATH HOUR EXAMINER)  21e. PLA (ATHOM	O, OR AS A CONSEQUENCE OF INJURY  A.M. MONTH D  P.M.  ICE OF INJURY  E STREET, FACTORY, OFFICE, I	DEATH BUT  H OPERATION  AY YEAR  19  FARM, ETC.)	21c HOW INJURY OCCUR 21f. LOCATION STREET 29, 19	200 AUTOPSY?  YES NO CENTER NATURE OF INJU  CITY OR TO	20b. IF YES, IN CERTIFYI YES  RY IN ITEM 18. PAR  DWN  ate and hour of	WERE FINDIII NG CAUSES  1 1 ORPART 2)  COUNTY	NGS USED OF DEATI
1		Conditions, if ony, we gave rise to immedicate to immedicate to immedicate to immedicate the course of the course	chich diote the DUE TO Inst. Compared to the	O, OR AS A CONSEQUENCE OF INJURY  A.M. MONTH D  P.M.  ICE OF INJURY  E STREET, FACTORY, OFFICE, I	DEATH BUT  H OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET  21f. tocation STREET  21f. tocation STREET  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the di  MEDICAL STA	20b. IF YES, IN CERTIFYI YES  RY IN ITEM 18. PAR  DWN  ate and hour of	WERE FINDIII NG CAUSES 11 ORPART 2) COUNTY	NGS USED OF DEATI



MPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical

STATE OF MARYL
DEPARTMENT OF HEALTH AND

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	250 .110	Sime				•

	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE B	2	0 2	0 /
	1. DECEASED NAME FIRST		WIDDLE		LAST		MONTH DAY	Y YEAR	26 HOUR
	(TYPE OR PRINT) Willia	m	F.	Sch	ammel	Z.	ugust	18,198	1
	3. SEX	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDERIVEAR	IF UNDER 24 HRS
	Male	White		May	9, 1905	76	YRS.	NIHS DAYS	HOURS MIN.
1	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
5	Maryland	U.S.A		WIDOW		Baltimore	County	,	MD
8	10. CITY OR TOWN OF DEATH  Towson	(IF NOT IN SU	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, Joseph H	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired - G	F WORKING LIFE)	INDUSTRY	BUSINESS OR ployee
C	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU Maryland Ba	PROTHER INSTITUTION INTY  1timore	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  TOWSOT	N	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	Joppa	Road	
0	14. FATHER'S NAME William	WIDDLE	Schamme	e1	15 MOTHER'S MAIDEN NA Carrie	ME		Hett	che
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	NO NO	IVE WAR OR DATES!	216-01-5	5120	Mrs Dorothy	J. Fryer, 7	7517 Cl	ub Road	d
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	enly ane cause per ED BY: TE CAUSE (a)	Aonti		STENUSIS			. 400	ATE INTERVAL SET AND DEATH
	Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	2410:	sing Spons	4 41715		+59	years
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM				
	Š S'E		restricti				E TO K	KYPHOSE	OLIOSIS
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [	WERE FINDING NG CAUSES O	OS USED OF DEATH?
1	OR CONTRIBUTING CAUSE OF DE	A10	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	[ ] OR PART 2)	
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (1) (this bose sow the deceased olive o obove, (1) (mod (did n	JUNE	29 19	el :	nd that in (my) (aux) opinion	death occurred on the do	. 17.		at (1) (we) lost auses stated
	authory G. &	Pewcends	ushi	m	THISICIAN E	MEDICAL STAF	F IAN 🗌	Aug	19 198
	226. PHYSICIAN'S NAME (TYPE				22e ADDRESS		1100		7.004
	Anthony A. I				1	Road, Towson	ı, Mary	Land 2	1204
	230. BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1	COUNTY	STATE
	Cremation	8-19-	-81 Lo	udon	Park Cremator	y Baltimo	ore, Ma	aryland	

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

1050 York Rd. 250 DATE REC Towson, Md. 21204 AUG Ruck Towson Funeral Home, Inc.

	part day the second			
VETE.	to the state of the state of the		November 1	
	SE TRESIDENCE VALUE OF THE	THE THE P		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME FRANK SCHNAIBEL MONTH YEAR 26 HOUR (TYPE OR PRINT) 8 RANK IF UNDER I YEAR 4 RACE AGE (IN YEARS LAST BIRTHDAY) YEAR O MONTH DAY 2 maLE (Male) White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Germany USA WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville Inglenook Nursing Center Whse Foreman Retired 136 COUNTY (Balto) 3c CITY OR TOWN 13d. INSIDE CITY LIMITS? Catonsville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Sebastin Schnaibe Christine 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Herma Schnaibel Same as #13) No APPROXIMATE INTERVA 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO NO F ptol Hyg 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (the baspital) attended the deceased from saw the deces \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated NATURE DEGREE 22c. DATE SIGNED -ATTENDING EDICAL STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE oudon Mausoleum Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 2 Of DHMH - 16 60M 1/75 Edmondson Avenue Catonsville, Md. (VR A 15 (4))

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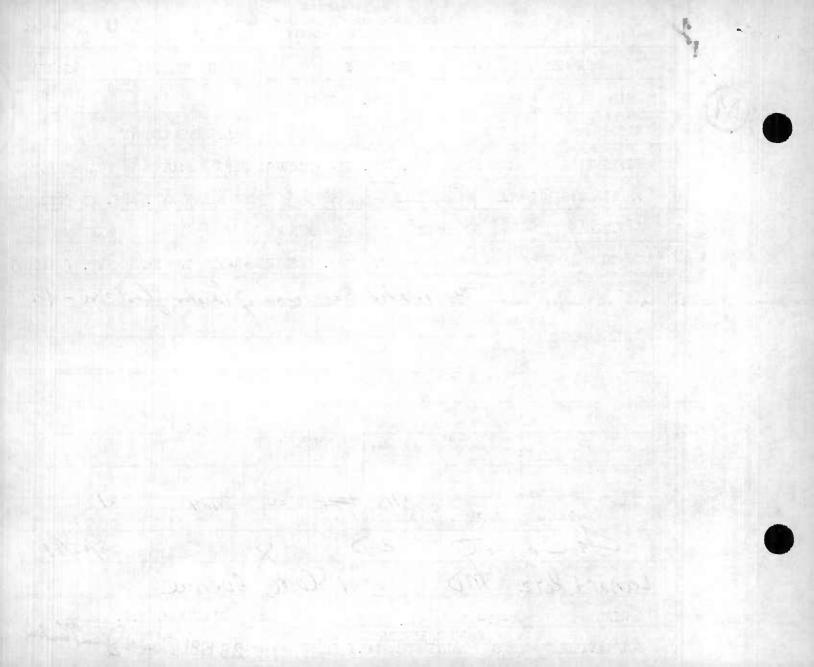
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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

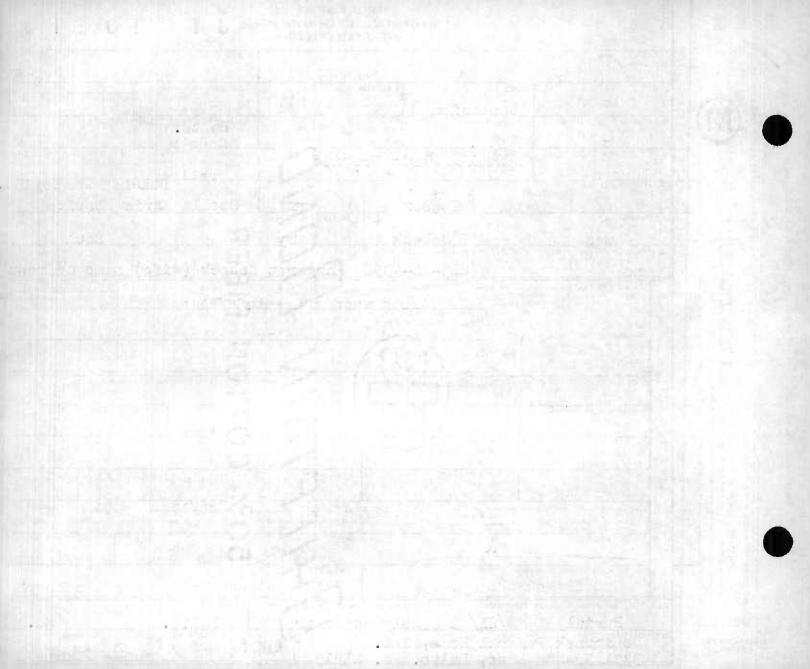
And the street of the latest the second of t Low I was the contract of the BALLS BALLS BALLS 213-01151 CHEMINE OFFICE COSC OF BLEEVERS. . The duality of the 1871 and t HE COTAM & PILLE

	3	A.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 2  CERTIFICATE OF DEATH REG. NO.								
1 75	*		CEASED NAME FRST SAMUEL	MIDDLE	SCHWA		AUGUST 25		2b HOUR 5:45A M			
M		3. SE	MALE	RACE WHITE	S. DATE C	6,1903 YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDE	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			
	77	7a B	RTHPLACE (STATE OR FOREIGN )	7b. CITIZEN OF WHAT COUNTRY?  USA	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED						
to other of	00		PIKESVILLE	13. NAME OF HOSPITAL, NURSIN 130 SLADE AVE	ADDRESS) APT	R OTHER INSTITUTION	120 USUAL OCCUPATE OF WORK FOR MOST C	KIND OF BUSINESS OR DUSTRY PHARMACIST				
n 24 hou filled in hould be	35	13a. S	AL RESIDENCE (IF NURSING HOME OR OF STATE MARY LAND BALTI			13d. INSIDE CITY LIMITS?	130 SLADE AVE. APT. 614(212					
empletely ond 2 s	30	14 F	ATHER'S NAME	SCHWARTZ		15. MOTHER'S MAIDEN NAM	WIDDLE	UNKNOWN				
be execu	)		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNDOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU WAR OR DATES) 089-28-		MRS. ROSE SO	CHWARTZ 13	O SLADE A	VE. ( 21208			
18 CAUSE OF DEATH (Enter only one couse per line far to), b), ond ic  PART I. DEATH WAS CAUSED BY:  HOPE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gover rise to immediate couse (al. stating the underlying cause last  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART												
The low ration. The low ration. The low ration.	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	FINDINGS USED CAUSES OF DEATH?				
OR ATTENDING PHYSICIAN: 1 he hospital or ottending physician DIRECTOR: After this certificate oched for use as the buriol-trons Dept. and Hearth of Man 19 is marked or hear 18 kill from 1 is marked or hear 18 kill from 1	9	MEDICAL CER	710, ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. INJURY OCCURRED   NOT WHILE   AT WORK   NOT WHILE   AT WORK   NOT WHILE   NOT	P.M.  71e. PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, F  D1) ottended the deceased from	19 ARM. ETC )	21t. HOW INJURY OCCURR  21t. LOCATION STREET  19 d that in (my) (aur) apinion degree  ATTENDING A	CITY OR TO	wn cou	UNTY STATE that (I) (we) lost			
TO FUNERAL Should be deto with the State I MADORANIE I	1	23o. E	27d PHYSICIAN'S NAME (EVPEOR LEONARD KOT) URIAL, CREMATION, REMOVAL SPECIFY THE SPECIFY TH	23b. DATE 23c. N	NAME OF C	PHYSICIAN S  270 ADDRESS  11 Rade  EMETERY OF CREMATORY	Avenus 23d LOCATION		Ty STATE			
DHMH - 16 50M 1/8 (VRA 15, 4)	1	24 FU	SOL LEVINSON &	6010 REIS	Γ. MOF TERSTO RE, MI	RIAH DWN RD.   25a. DATE D. (21215)   AL	REC'D. BY REGISTRAR		MATURETINEN			



3331 Brohms Lane Balto Md

(VRA 15, 4)



MITCHELL-WIEDEFELD HOME 6500 YORK RD

/

21215

6010 REISTERSTOWN RD. BALTO., MD

(VRA 15, 4)

FOR

- STATE

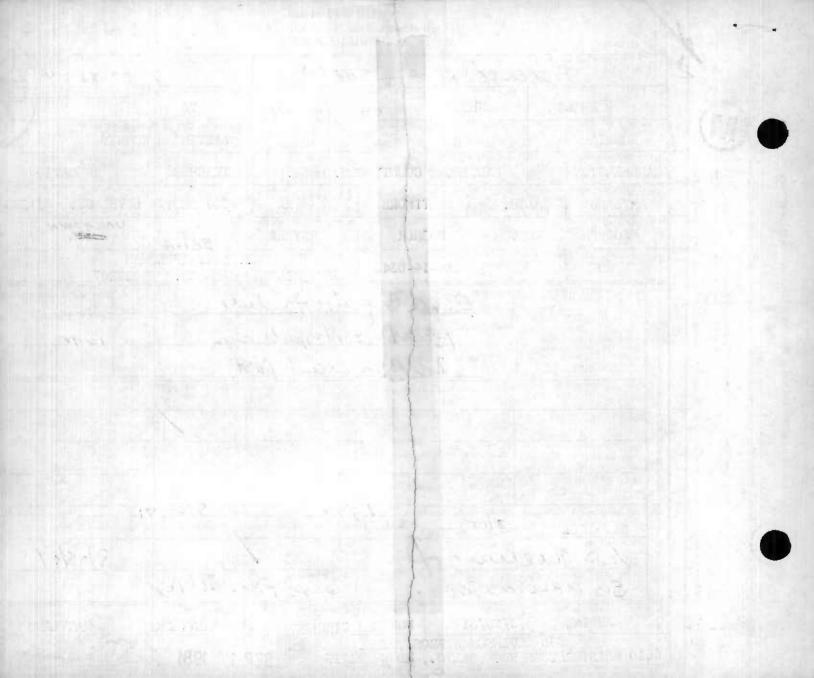
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



STATE OF MARYLAND

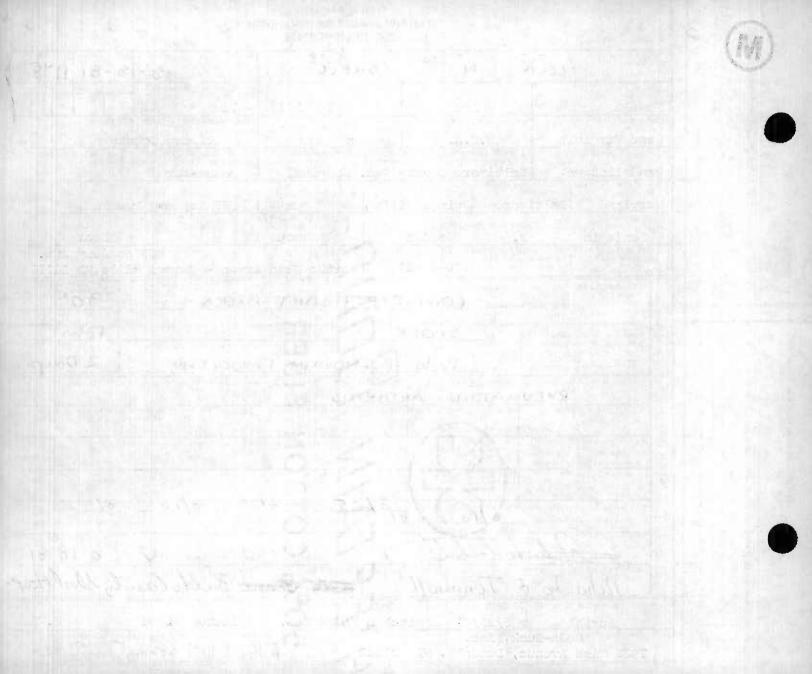
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	1 -	STATE REGISTRAR			DEPAKIN		ICATE OF DE		REG. N	6.	0 6.	1	)
		CEASED NAME OR PRINT)	LOCE	ola Mae			Shell HECL.		24 DATE OF DEATH	MONTH -	DAY YEAR	26. HOUR	AA
1	3. SEX 4						ATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 H	-
	Fe	emale		Whi	ite	4 4		1909	72	YRS	MONTHS DAYS	HOURS M	IN.
		RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DEATH		_
5		est Virgin	ia	U.S	5.A.	WIDOWE	D NEVER MAR		Baltimor	e Con	ntv		MD.
	.10. CT	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING (#NOT IN SUCH FACILITY, GIVE STREET ADE  Randallstown Baltimore County				HOME OR OTHER INSTITUTION			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  HOMEMAKEY  12b. KIND OF BUSINESS OF				
-	USUA 13e S	AL RESIDENCE (IF NUR!	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY		13e. STREET ADDRESS				
)	Ma	aryland	Balti		Owings Mi			OX	903 Acad	emv A	venue		
2		THER'S NAME FIRST Benjamin		F.	Tedder		15. MOTHER'S M FIRS Frai				Boar		
		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55903	Academy		_
	No		(IF YES, GIVE	235-96-3709 Ma.			Martha	Martha Jean Bryan - Owings Mills,MD 21117					
		18 CAUSE OF DEAT	H (Enter only	y one cause per	line far (o), (b), and	(c).)						MATE INTERVAL DISET AND DEA	
١		PART I. DEATH W	MAS CAUSED	BY:	COMPL				BLOCK	30			
		Conditions, if any gave rise to imicause (a), statir underlying cause	mediote ng the	(b)	DUE TO, OR AS A CONSEQUENCE OF  (b) SHOCK.  DUE TO, OR AS A CONSEQUENCE OF  (c) VOV. PULMOVARY E				MV3OLYSIM	121	s.		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  RHEUM ATOLO ARTHRITIS							VEN IN PART 110	1	=		
	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPER		OPERATIO	ATION WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	GS USED OF DEATH?	
	S	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		P.M. 19			21c. HOW INJURY OCCURRED (ENTER NATURE			Y IN ITEM 18	PART 1 OR PART 2)		30
	MED	21d INJURY OCCURRED  WHILE ONT WHILE OF WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET		RM, ETC }	21f LOCATION STREET		CITY OR TOWN		COUNTY STATE		ī
		22a. I certify that (1) saw the decease above, (1) (we) (2 22b. SIGNATURE	ed alive an	8/1	8 10 8		DEGREE		, to Silenth occurred on the do		22c. DATE	SIGNED	
┙		- 1	Hobber	to do	tole	2	PHY	SICIAN	MEDICAL STAF	IAN	0-	18-81	
		22d. PHYSICIAN'S NA Roba	nto	0 -	nubull.		22e ADDRESS		Balto	Car	nty Is	al Ho	sp.
	23a. Bl	URIAL, CREMATION,	REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		40000		_
		Buria		8/23/	/81   Mit	chum	Ridge Ce	em.	Mitchum R	idge	COUNTY	W. VA	
	24 FU	NERAL DIRECTOR DI	uda-Ru	ck, Inc	7.				REC'D. BY REGISTRAR	25b-95GIS	TRAR'S SIGNATI	JRE	_
		7922 Wise				2122	2	AU	G21 1981	Man	1 Jan /	arthur.	

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws ony



FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Baltimore 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORK FOR LIFE) INDUSTRY Housewife 1503 Hughes Shop Rd. Ramsey RAPACELLS town. Md. 21133 Eugene Shelton 3935 Susanna Rd. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (and opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Westminster Carroll Md. STATE 8-15-81 Burial Meadow Branch Cemetery 24 ENNERAL DIRECTOR Thomas D. Fletcher & Son F.H. 254 East Main Street . Westminster, Md. 21157 250 DATE REC'D. BY REGISTRAR 18 REGISTRAL SEEDS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

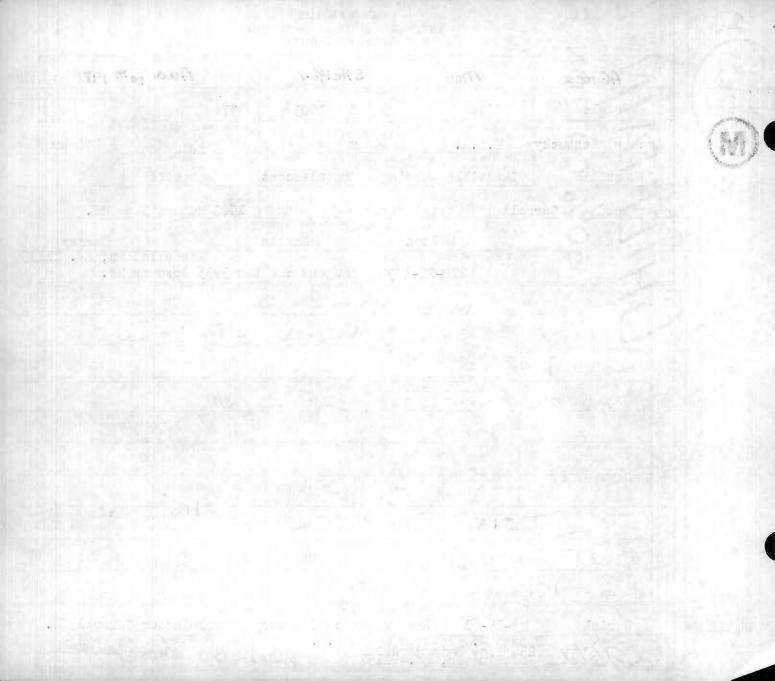
CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER 24 HRS

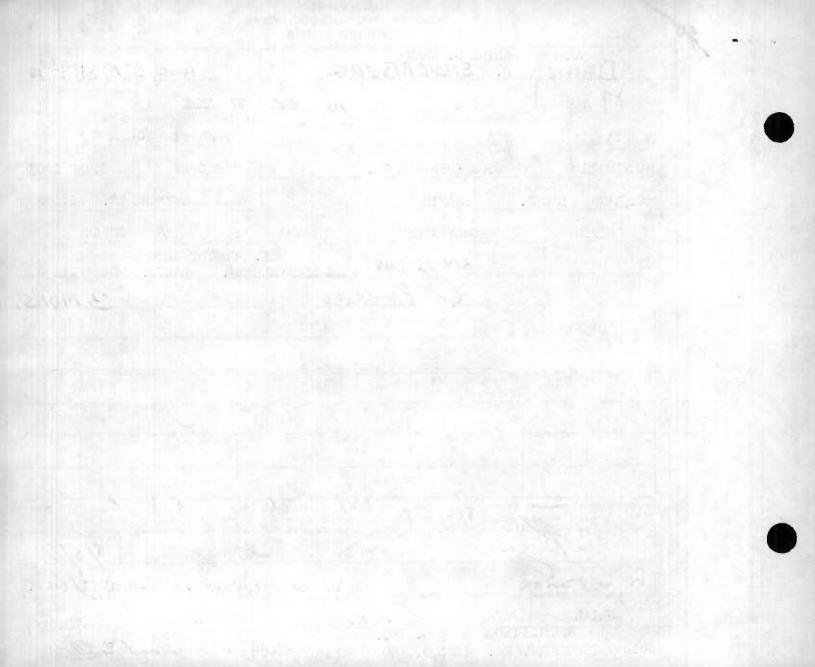
10th 1981



THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE REPORT OF SET LYS WINDLE .

220 th cost standah posters, vice, doct tolket, is

SPORT OF THE PROPERTY OF THE PROPERTY OF



HOWARD GARBER MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

736 DATE

8/9/81

BALTO., MD

21215

23a. BURIAL, CREMATION, REMOVAL

BURIAL

6010 REISTERSTOWN RD.

(SPECIFY)

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

CTYPE OF PRINTS

REGISTRAN

WALTER

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SILVERBERG

BALTIMORE COUNTY 120 USUAL OCCUPATION 12h KIND OF BUSINESS OF TTYPE OF WORK FOR MOST OF WORKING LIFET WHOLESALE #21133 6 CINNAMON CIR., APT. 2B STERNBERG MRS. AUGUSTA SILVERBERG #21133 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED 8/8/81 5310 OLD COURT ROAD 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHEVRA AHAVAS CHESED RANDALLSTOWN BALTO.

REG. NO

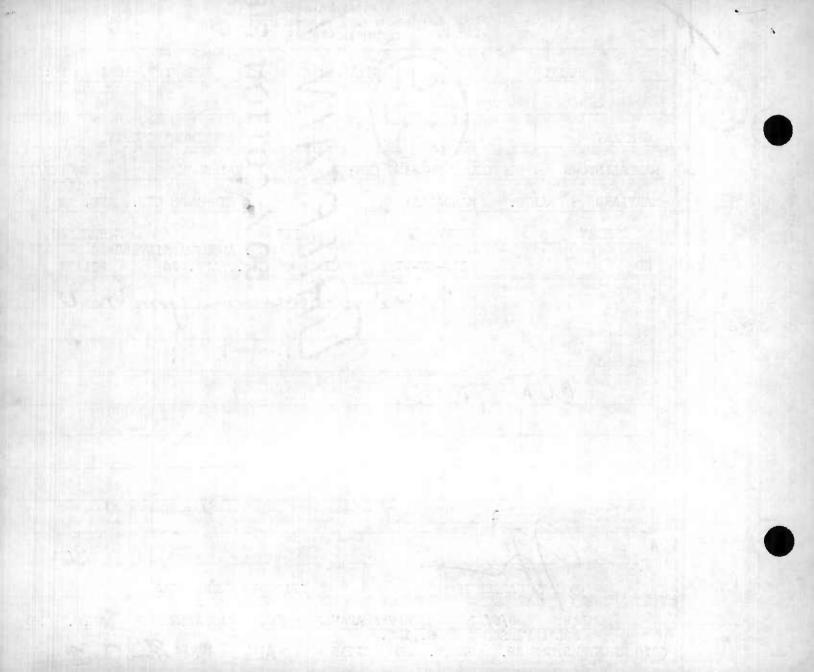
AUGUST 7, 1981

IF UNDER 1 YEAR

2b HOUR

10:50

20 DATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAK		CERTII	ICAIL OI DLAIN	REG. NO.							
1. DECEASED NAME FIRST	MIDI	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR					
(TYPE OR PRINT) MICHA	EL	SKRAK	OWSKI	AUGUST 14, 198	1	7:35A.					
3 SEX	4 RACE	5. DATE (		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS					
· Male	Whit	e monte	12 87	94 YRS	MONTHS DAYS	HOURS MIN.					
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH						
Poland	U.S.A.	WIDOW		BALTIMORE COU	W.						
10. CITY OR TOWN OF DEATH TOWSON	DULANEY	SPITAL, NURSING HOME ( ACILITY, GIVE STREET ADDRESS)  TOWSON NURSI		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Tailor		of Business Of hing					
		e residence before admission) (COITY OR TOWN Lutherville	13d. INSIDE CITY LIMITS? YES NO X	104 Hedgewood Ro	oad						
14 FATHER'S NAME	· MIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	140	S.T					
Joseph		akowski	Elizabeth		UNKNOWN						
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	IO. 17. INFORMANT ADDRESS								
(YES, NO OR UNKNOWN) LIFYES (	I	215-07-0460	Marion Skral	kowski Same as	#13.						
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	S A CONSEQUENCE OF									
PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN										
190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b CONDITIO	N FOR WHICH OPERATIO		20e AUTOPSY 20b. IF	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED OF DEATH?					
	EATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	8 PARTI ORPART?)							
OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOTIWHILE AT WORK	21e PLACE OF	INJURY FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE					
220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (diet) (did a 22b. SIGNATURE	7-	21 19.81 . or er death.	nd that in (my) (our) apinton REGREE	death accurred on the date and h							
Frederic 22d PHYSICIAN'S NAME (1791	K Q Vall	mer/ mi	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	8-14	4-81					
Emoderate 7		W D	6100 Wards T								

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

MPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVAL Burial

23b. DATE Aug. 17, 1981 23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery

23d LOCATION Dundalk

Balto, Maryland

24 FUNERAL DIRECTOR

FOR STATE

1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

7:5. TIL THE SECTION RESIDENCE HTT DIN Y T N N MILLION TO THE CLE Library has a set in the set into set in second and the branch set in set in second set in second se . Mil on some frequents of the Color (0-13)

Fracer and the bear, H.S.

building the collection of the country bounder; country the co., say but

mee to won towers though the Towers, M. Davie till

Walter Brooks Bradley Inc., Dundalk Md 21222

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE REPORT OF THE PROPERTY WAS PERFORMENT. 

AND THE STATE OF T TROOFING SELECT WITH STREET STATE WATER THAT KNOWN HONOR BURROLL STATE I. H. STATE STATE

. x		FOR		DEPARTM		OF MARY	'LAND D MENTAL HYG	SIENE AS			
10		STATE REGISTRAR			CERTIF	ICATE OF		0 1	6. NO.	U	to the si
2.0		CEASED NAME FIRST		WIDDLE	I	AST		2a DATE OF DEAT	H MONTH	DAY YEAR	18 110 OK
deoth		N	ORMAN	E		SMITH			8-7	7-81	12:55a <sub>M</sub>
	3. SE		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DA	
(m)		Male	Whi	te	3°NTH	26	1920	1000	61 YRS.		TOOLS MIN.
NJ		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	X NEVE	R MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
35	P	enna.	U.S	.A.	WIDOWE		DIVORCED	BALT	IMORE (	COUNTY	MD.
50		TOWSON	(IF NOT IN SUC	HOSPITAL, NURSING	DDRESS)	R OTHER IN	ISTITUTION	120 USUAL OCCUI		LIFE) IN LIVE	bosusmonty e Dept.
600	_	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	OSEPH HOST	AOMISSIONI			1 11 Ome	7.1		- Dopor
35	Ma	ryland 196 CC	UNTY	Baltimo	re	YES 🏝	CITY LIMITS?	309 W.	31st.	Stree	et
Two I	14 FA	ATHER'S NAME	MIDDIE	LAST		15. MOTHE	R'S MAIDEN NA	ME MIDD	F		LAST
\$0C		William	R.	Smith	1	M	ary	A.		Mas	imore
2 medicol		VAS DECEASED EVER IN U.S. YENO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECUR		Fran		Smith, B	09 W. alto,	3lst	Street
event, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per JSED BY:	Interior (a), (b), and			lacura	whage		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
		119/ IMMED	IATE CAUSE (o)	Ince					~ F		
moti.		73/0	DUE TO, O	R AS A CONSEQUE	NCE OF	INIKA	LEKEDKAL	HEMORRHA	3E		
frou	1	Conditions, if ony, which gove rise to immediate	(b)								
other troumotic		couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					<b>7.4</b> 0.141	
ō		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
lury,	2	PART 2. OTHER SIGNIFICAN	IT CONDITIONS <u>Co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART	1(0)
ony ii	ATIC	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH O	OPERATIO	V WAS PERI	FORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINI	DINGS USED
	F							YES T NOT		TIFYING CAUS	SES OF DEATH?
Hem 18 shows	CERTIFICATION	21a ACCIDENT WAS UNDERLYING				21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF			
Hem 1		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA		(20)					
or he	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	21e. PLACE	OF INJURY	19	211 LOCA	TION		-	-	
	ME	WHILE NOT WHILE	LAT HOME, STE	REET, FACTORY, OFFICE, FA	RM. ETC )	STRI		CITY	OR TOWN	COUNTY	STATE
morked		23n t cortify that M (this ha	spital) attended th	a deceased from	7-1	0	19 81	to 8-7		19.81	, that XII (we) lost
21 is		220.1 certify that XX (this has sow the deceased alive obove, As (we) (did) (did)	8-7	19	77			death occurred on th	e date and he		
hem 2		obove, Xi (we) (did) (did)	Hot) view the body	ofter death.		DEGREE					TE SIGNED
*		THE OIGHTATORE	T860	alama		Ci M	ATTENDING C	_ MEDICAL :	STAFF	12.00	(12/81
Z		226. PHYSICIAN'S NAME (119)	OF OR BRIDITY			22e. ADDR	PHYSICIAN	DIRECTOR PH	YSICIAN [		17101
MPORTANT		D-5.		RIA.				ORK RP	, Tow	SON	MD.
3	23a. E	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N.	AME OF C		R CREMATORY	23d. LOCATION CITY OR TOW			
73		Burial	8-10	-1981 Be	thle	hem	Cem.	Glen R	R.D.#	Your	Pa.
2/80	m	HERALDIREKTOR /	7			ar ( U-)	25a. DAT		CAR 25b. RES	TRAFF (C)	MURPLazthe
1	17/4	Xxerlen	MOLLI N	ew Freed	lom.	Pa.		Wing TT !		0	- 10 mark - 1, 14
(	4	,									

Alliant R. Elten Ruy . Junt. Ontinore						
Femon. U.S.A.  Final Trends Trends Pire and Pire						
rinand Pire and Pire		19	26 1920	te 3	reW .	0.50
Tilten R. Editors x 1999 v. Jint. Street  (1111ton R. Edito Mary Manimore  Yes Will 220-07-0705 Frances V. Saith, Saith; Marker 1. Saith, S					8.0	Fenner.
Tilium R. Sith Mary A. Maimore Yes Wil 220-07-0705 Frances P. Saith, Saith; Ad. t. 222-27-2755		The state of the s		i (i mar		
Yes Wil 220-07-0705 Frances I. Smith, 5076; Marton Delication of the control of t	deende	Jos I. Junt.		o monitime		beer you
	erominaM	•	7,000	N3 1 E	.Я	100 A C C A
	PERSONAL PROPERTY.	: 50202, 40103	Frances	2040-48-046	ga err	an Y
	1816.01.1		Services 125 P			
durint 8-10-1981 Sethlehem Con. Wien Lock Saven						
	.Vaul	- dead meib	( )	ordes rect	E' area	Leimb
Constitution for Presson, Pa.		S AM FIGURE				

	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8	2	0 2	2 :
		OR PRINT)	ALT		utrelle	5	MITH, Jr	20 DATE OF DEATH	8-10.	SY YEAR	26 HOUR 4
(M	3. SE	Male		Whit	e	S. DATE OF NOV.	14,1941	6 AGE (IN YEARS LAST B		NITHS DAYS	IF UNDER 24 H HOURS M
幺	N	aryland		U.S.	-	WIDOWE		Baltimore City			
	Ra	ndallsto	wn	altim	ore Co.	Gener	al Hospita	12ª USUAL OCCUPA (TYPE OF WORK FOR MOST Admistra	TION of working life) <b>tive</b>	IZE KIND OF INSIDECT Secu	al rity
50	Ma	AL RESIDENCE (IF NURSI TATE TYLAND	is count	Υ	13c. CITY OR TOW	iry	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 2814 Gi	llis I	Road	
0 0		Ralph VAS DECEASED EVER		relle	Smith	, Sr.	15. MOTHER'S MAIDEN NA Naomi	D.	I	oudder	ar
The medico		NO II CAUSE OF DEATI	(IF YES, GIVE	ED FORCES?	218-40-	-7049	Ralph L.	Smith, Mt	2413 ( . Airy		Rd.
, or other troumotic event, i		Conditions, if any, gave rise to imm couse (0), stating underlying cause	which sediate g the last.	CAUSE (a)	R AS A CONSEQUE	NCE OF	Le Sols		On.	ye.	eck 2008
18 shows ony injury	CERTIFICATION	19a. DATE OF OPERAT					WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING	GS USED OF DEATH?
tem 18 sho		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		JRY IN ITEM 18 PAR		NO 🗌
morked or H	MEDICAL	21d. INJURY OCCURR WHILE NOT WHILE AT WORK	ED	21e PLACE C			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
n 21 is mo		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive on	x-t	10	, ond	that in (my) (aur) apinion	, tadeath occurred on the c	date and hour	/	nat (I) (we) lo
		22b. SIGNATURE	on ct	hul	House		ATTENDING PHYSICIAN [	MEDICAL STA		8-10	IGNED S
STAN STAN		22d. PHYSICIAN'S NA	ME (TYPE OR I	PRINTS	. ()		22e ADDRESS			- /	7,

23c. NAME OF CEMETERY OF CEMETERY Linganore

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md.

8-13-1981

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Unionville, Frederick, Md.

RELIGHED R. TIC SHEET HE STEEL STEEL the state of the s hreften! in land a serious training to be a serious and the most fabreal Larviewed Charles at the state of the state Malan Lander on Salar Contract of Salar Sa . his . word an extent I stated opportunity stones of the fermi The Sebrober | SELIVIOLE |-The rules of the state of the s

/	7	1	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL H	YGIENE 8	2 0	1220
			CEASED NAME FIRST		MIDDLE	-	LAST		MONTH DAY	YEAR 26. HOUR
e Pe		(179)	RITA		Т.	SMI	TH		8 8	81 7:00p M
нау	-	3 SE		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER 1 YEAR IF UNDER 24 HRS
4 90	LAN	1	Female		hite	MONT!	12 YEAR 93	88	YRS.	DAYS HOURS MIN.
Pog #	WIL.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8.		9 BALTIMORE CITY O		ATH
oth.	32	200	Maryland	USA		MARRIE	D NEVER MARRIED DIVORCED	Unltimon	e County	100
P 74	2	10.°C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 12b.	MD. KIND OF BUSINESS OR
haurs affe in to the	10		Catonsville	100	cheachity, give street		lama	(TYPE OF WORK FOR MOST O		DUSTRY
9 E E	90	JUSU.	AL RESIDENCE (IF NURSING HOLE O	R OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)	lowe	Homemeker		Own Home
in 24 h	3		Md	NTY	8altime		13d. INSIDE CITY LIMITS? YES K NO [	522 Stanf	ord Road	
and the same	-	14. F/	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST
P 113	E)C		Henry	C.	Tiemeye	C	Emily	Model	Raibe	
xecul ad a			VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS	
n and a	ale ale	'	No No	VE WAR OR DATES!	212-36-	3690D	Mrs Rita F.	Berry Sam	e as #13	
sictor pers	The contract of the contract o		18. CAUSE OF DEATH (Enter o	nly one couse pe	r line for (o), (b), o	nd (c),)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npo mov	ven		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	110	111	in die	1.0		3 mance.
rbo rre	) 		11.3 G 5		6		7			3770
e co	8		Told	DUE TO, C	R AS A CONSEOL	ENCE OF	1-1.1	Cediel	1001	unhan
e de mov	Į į		Conditions, if ony, which gove rise to immediate	(b)_	Us.	u	Bullion	- Cause V	me P	acyre
th the cream	Je		couse (a), stating the underlying couse last.	DUE TO, C	R AS A CONSEOL	ENCE OF	~			
tho d b	0			(c)		ar				
vires	ory.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART I(o)
req t. Th	<u> </u>	CERTIFICATION	IN	uu	unes	4	ayour	Fy Cen	4	
n. nas bermine permine pri	54	ICA	190. DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	28a AUTOPSY?	IN CERTIFYING (	E FINDINGS USED CAUSES OF DEATH?
The cian te ha	0	RTI						YES NO	YES 🗌	NO 🗌
Z S D D H O	00		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	216. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)
SICIA ng ph certific rial-tr	Tem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	.M.	19				
his white	0	EDI	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	SADAL STE	211 LOCATION STREET	CITY OR TO	NN CO	OUNTY STATE
NG P	Ne o	2	AT WORK NOT WHILE	TAI HOME. ST	REET, PACTORY, OFFICE,	PARM, ETC.)	JINEE.			JINI
OIN or At	E		22s.1 certify that (I) (this has	man ottended the	ne deceased from	21.	3/ 10 6	6 to 8/8/	F 10 8	/ that (I) (-) last
TEN TOR Property	5		sow the deceased alive as	7/	219	81	nd that in (my) (and) apinio	on death accurred on the do	te and hour and fr	rom the couses stated
RECTO ed for pt. of	E		above, (I) (wanted) (did no 22b. SIGNATURE	ot) view the body	ofter death.		DEGREE			C. DATE SIGNED
he h DIR ache	E		1 11-	Kan.	: 7 /		ATTENDING	MEDICAL STAF		
RAL del	ž ——		com	ear	7		PHYSICIAN	DIRECTOR   PHYSIC	IAN 🗌	8-10-81
OSP ed to d be	x )		22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS			
TO HOSPITATION TO FUNERA Should be divided by with the Store with	2		Cliff Ratliff	, Jr. M	.D.		5772 West	view Mall 8a	ltimore,	Md.
-29 33	<u>s</u>		URIAL, CREMATION, REMOVAL	236. DATE	23ε.	NAME OF C	EMETERY OR CREMATOR			
BP			Surial Surial	8/11/	81 Lo	oudon	Park Cemeter	sy Baltimore	COUNT	Maryland
-DHMH-16 30M 2/80		24 FI	INERAL DIRECTOR	o Eupon	al Homess		25a. D	ATE REC'D. BY REGISTRAR	25h DISTRAR'S	
(VRA 15, 4)		4	S30 Edmondson A					AUG 1 0 1981	Manue	Jan Harthen
		_ 11	LIU COMOLIOSON F	MEDINE L	a LOUSVIL	H, PO	. / 1//0		- U	

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		1 -	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH		2 0	2 2 8
ige 3			OR PRINT)  Pauline	MIDDLE	SNYDER	20. DATE OF DEATH	MONTH DAY	3:25 a
Page 4 may be director, page 3 hours after death		3. SE	FEMALE	RACE 5.	DATE OF BIRTH  MONTH DAY YEAR  JULY 14 2 3			RIYEAR IF UNDER 24 HRS
death.	35		COUNTRYMD	115/7 IN	MARRIED M NEVER MARRIED	Baltimore	County	MD.
by the fiftled with	57	R	TY OR TOWN OF DEATH    11.	FRANKLIN SO	PHARE HOS.			KIND OF BUSINESS OR BUSTRY
Secure 24 house	35	130. 9	TATE 136 COUNTY	LTO. MIDDLE 1	13d. INSIDE CITY LIMITS?	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 2  AUGUST 21, 1981  6 AGE (IN YEARS LAST BIRTHDAY)  9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  130. STREET ADDRESS  NAME  MIDDLE  MIDDLE  ADDRESS  WENDELL SNYBER  APPROXIMA  BETWEEN ONS  PYES NO NET YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO YES NO YES OF YES NO YES OF YES NO	RD	
	30		SO/HA VAS DECEASED EVER IN U.S. ARME	KRONE	R FIRST UN	MIDDLE MIDDLE	SS	LAST
con and	1	(1	(IF YES, GIVE W.	219-10-2	771 HUSBAND 11	VENDELL SI	MY BER ?	MERSAR
requires that the death certification is signed by the attending in the please remove confirming or about ceremoria, or enough yinjury, or other traumatic event		TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CON	Dehydrati  Due to, or as a consequence  (b) Metastati  Due to, or as a consequence  (c)   Unditions Contributing to Dea	on E OF C lung cancer E OF TH BUT NOT RELATED TO THE TERMI		dition given in 8	PART Ita
N. The law re nysician. Icate has been ransit permit. T Hygiene priar 18 shaws any is	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP		YES NO	IN CERTIFYING C	AUSES OF DEATH?
SICIA ng pl certif certif ental	9	MEDICAL CE	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL-EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY	YEAR 19 211 LOCATION	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR I	PART 2}
TENDING PHY tal ar attendi OR: After this or use as the bu Health and M		ME	WHILE NOT WHILE AT WORK	ottended the deceased from AL	igust 20 , 19 81	August	21 19 8	that (we) last
HIGH BY THE POSPI EUNERAL DIRECT OVID THE STORE DESCY OF THE STORE DEST OF THE STORE DEST OF	1		above, (1) (we) (did) (vi)  SIGNATURE  OF MANUAL  274 PAYSICIAN'S NAME (THE DEFE	8/2 4 law atte	DEGLE LATENDARG ATTENDARG ATTENDARG ATTENDARG ATTENDARG	MEDICAL STAT	TAN [	8/24/81
0   2   1   3   BP		. (	BURIAL	AUGUST 24, 181 SI	FLEM LATH.	CATONSVI	UE BA	270 170
DHMH - 16 50M 1/81 (VRA 15, 4)		C	ONNELLY F.	14. 300MA	CE AVE. AUG	27 1981 3	ZINCES TARYS S	Thather.

	ST	A	TE	0	F	M	A	RY	L	AP	10	)
ENT	0	E	ME	A	ı	TH	A	MI	n	84	ER	ď

	1 - FOR STATE REGISTRAR DECEASED NAME FIRST			DEPARTMENT O	20229							
		CEASED NAME FIRST		MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR				
		Alexand	er	C. Sobe	olewski	1	3-24-1981	5:40 M				
	3. SE		4 RACE	5. DAT	E OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	R IF UNDER 24 HRS				
1		Male	Whit	e 6.	-1-1900 YEAR	81	YRS MONTHS DATS	HOURS MIN.				
5		IRTHPLACE (STATE OR FOREIGN	U.S.	Λ	RIED NEVER MARRIED X	Baltimore city of	county of DEATH					
10		atonsville	11. NAME OF I	HOSPITAL, NURSING HOM HEACHLITY, GIVE STREET ADDRESS) Haven Nur	E OR OTHER INSTITUTION	12a USUAL OCCUPATION OF TOOL Crit	ON 126. KIND WORKING LIFE) INDUSTRY	OF BUSINESS OR				
35	13a S	AL RESIDENCE (IF NURSING HOLDSTATE 136 C				13e STREET ADDRESS	nswick Roa	d				
51	14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		CY				
20	(	Charles		Sobolewski	Mary	MIDDLE	Chojna	cki				
1		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRES	SS	- 102				
1		No		186-14-666	Mursing	Home Recor	rds					
		Conditions, if ony, which gove rise to immediate cause it of stating the underlying cause last	(b)	R AS A CONSEQUENCE OF	y mary	fricen	)					
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
9	CERTIFICATION	190 DATE OF OPERATION	19h gondi	TION FOR WHICH OPERAT	7	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES					
7		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FOEATH HOUR A.	M. MONTH DAY YEA								
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	n COUNTY	STATE				
		220 I certify that (I) (this h saw the leceased ally	~ /		and that in my (our) opinion	death occurred on the dot	te and hour and from the	that (1) we) last couses stated				
,		273. 516yk10y	ede	2 Polls		MEDICAL STAFF		ESIGNED				
1		22d. PHYSICIAN'S NAME (T			22e ADDRESS							
1		Dr. Harol		b M.D.	7220 Park	Heights Av	7e.					
	230 B	BURIAL, CREMATION, REMO	VAL 236. DATE	231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION						

DHMH - 16 50M 1/B1 (VRA 15, 4)

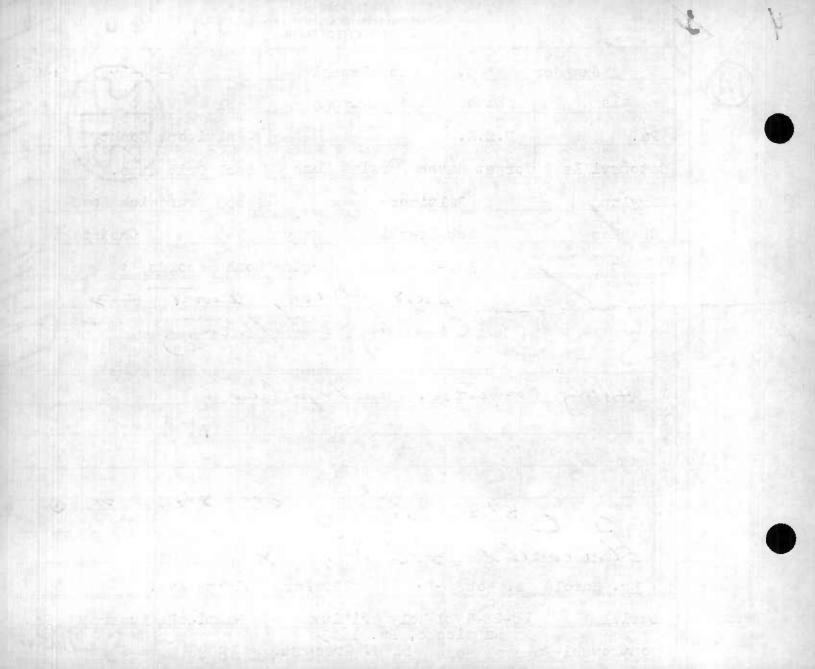
Buria]

8-28-1981 Holy Trinity Nanticoke, Pa. 18634

Nanticoke/Luzerne

can Warthen

24 FUNERAL DIRECTOR
NAME
Grontkowski Green St.AL Funeral Home



						STAT	E OF MARYLAND				110 75
	1-	FOR STATE			DEPARTA		IEALTH AND MENTAL HY ICATE OF DEATH	rgiene 8		$2 \ 0 \ 2$	5 0
		REGISTRAR			N 150				REG. NO.		
		CEASED NAME	FIRST	,	MIDDLE		LAST	20. DATE O		DAY YEAR	2b. HOUR
	(1176	OR PRINT)	Erw	in	Adam	Sc	onntag		8	7 81	8:10A M
	3 SEX	X		4. RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Male		W	nite		. 19, 1904	7	7 YR:		MIN.
0		RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	ORE CITY OR COUN	NTY OF DEATH	
7		oklyn, N.	Y.	U.S.	Α.	WIDOWI			imore Cou	inty	MD
-,	10. CI	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL	OCCUPATION	12b. KIND (	of Business or Railroad
6		Towson	61904	GBMC	5701 N. C	harle	s St. 21204		neer		Mrgr.
	USU/	AL RESIDENCE (IF NUR	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS		
5		Maryland		lto.	Dundalk		YES NOT NOT		Yorkway	21222	
	14. FA	THER'S NAME			10.00		15 MOTHER'S MAIDEN N	IAME			
30		Johann		MIDDLE H.	Sonntag		Christin	e	MIDDLE	Pfrom	
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
V	0	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213.07.	9336	Elda E. Son	nntag (	Daughter)	Same a	s 13e
- 1		18 CAUSE OF DEA	TH (Fatanan				1 Diau D. Bo	inicag_(	Dadgireer /		MATE INTERVAL ONSET AND DEATH
93		PART I. DEATH V	NASCALISE	D RY.						BETWEEN	ONSET AND DEATH
33		.1.1	IMMEDIAT	E CAUSE (o)	Muptured	Abdo	minal Aortic	Aneury	SM		
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	9	Conditions, if ony	y, which	(d)							
		gove rise to im	mediate	) (",-							
		couse (a), stati underlying caus		DUE TO, O	R AS A CONSEQUE	NCE OF					
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	Z	PART 2 OTHER SIG	MAIRICAIALC	ONDINONS <u>CC</u>	DIVINIBULING TO E	ZEATH BUT	NOT KELATED TO THE TER	MINAL DISEAS	ie ok combillion	GIVEN IN PART II	01
+	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?   206. IF	YES, WERE FINDI	NGS USED
2	FIC	8/7/81		Dunt	J. J. J.		A 6 2 A		IN CER	RTIFYING CAUSES	OF DEATH?
	ERT	21s. ACCIDENT WAS UN	NDERLYING [	1 21b. TIME O		minal	Aortic Aneu	IPPED (ENTERNI	ATURE OF INDIVIDUAL INCIDEN		ИО []
1		OR CONTRIBUTING			M. MONTH DA	Y YEAR		THE CENTER IS	NORE OF HOOK IN TEN	10 1741 1 04 1741 27	
/	MEDICAL	(IF EITHER, NOTIFY MED				19					
	AED	21d. INJURY OCCUP		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	<	AT WORK NOT W	ORK								
		22s. I certify that (	l) (this hospit		e deceosed from	772	8/5 <sub>19</sub> 8	I, to	8/7		that (I) (we) last
		sow the deceo	sed olive on	8/( t) view the body	otter death	81	nd that in (my) (aur) opinio	n death accurr	ed on the date and	hour and from the	couses stated
		22b. SIGNATURE	(did) (did iid	- A A	oner dedir.		DEGREE			22c. DATE	SIGNED
			-587	when			ATTENDING PHYSICIAN		STAFF PHYSICIAN [X]	8/7	/81
		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e. ADDRESS	_ J J.MECTOR		0/1/	OT
1		S. Gi:	rdhar,	M.D.			6701 N. Ch	narles S	St. 2120	)4	
4	23a. P	BURIAL, CREMATION			23c N	AME OF C	EMETERY OR CREMATORY	23d. LOC	ATION		
	(	(SPECIFY) remation		10/10/			Mount Cremat	CITY	Baltimore	соинту	ryland

21222

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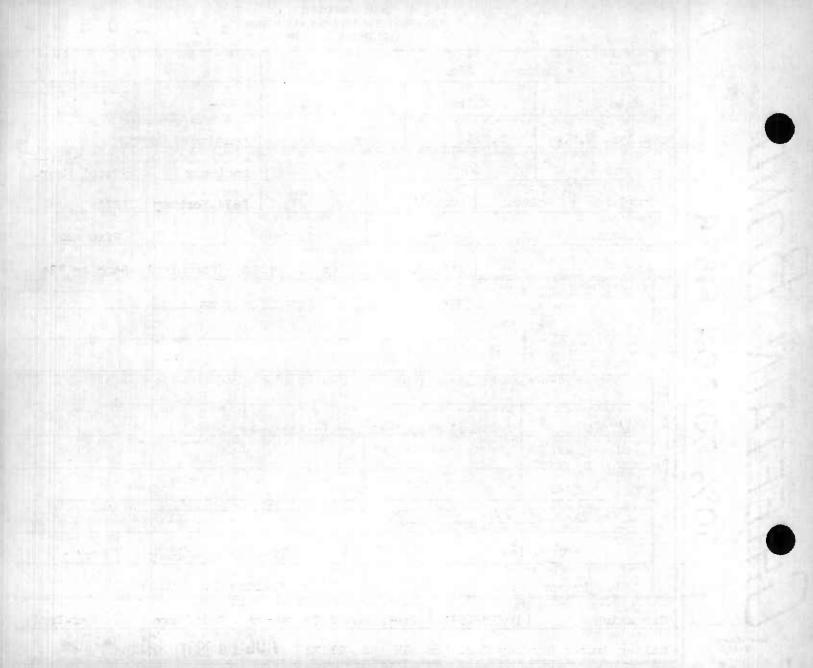
Dundalk

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4) 24. FUNERAL DIRECTOR
NAME
Walter Brod

Brooks Bradley Inc.

BP



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TE MONTH (TYPE OR PRINT) OF ESTI-Paul Spaulding DEATH MATED 8 3119 81 5 DATE OF BIRTH TIF LINDER 24 HRS 4. RACE IF UNDER 1 YR. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 2/5/44 white 37 DEAD 31 19 81 4:251 Male Th CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Baltimore Indiana WIDOWED DIVORCED County II. CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION WestboundLane 695/FrancisScottKeyBridge **Dundalk** Trucking Driver TAIN P USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13g STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 9025 Whitestown Road Indiana Zionsville YES [ NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST PAGES 1 AND DIVISION OF Y Spaulding Helen Pathwater GIVE PAGE Marion 166 SOCIAL SECURITY NO 7. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 316 44 4837 Flanner & Buchanan Mortuary, Ind. Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY-Thermal injury IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AMD, 21201 PRICK TO BURIAL, C 19g. DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO Passenger in tractor trailer/vehicle collision 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY HOUR AM. MONTH DAY UNDERLYING OR WEDICAL 1981 8/31 CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF Westbound695, Francis Scott Key Bridge, MD WHILE AT WORK roadway-bridge XX 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Accident XX death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 9/1/81 DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street, Balto.MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY CITY OR TOWN Indiana 9/1/81 Lincoln Memory Gardens Zionsville. Removal BP 25a. DATE REC'D. BY REGISTRAR 259 REGIST AM JUNE 24. FUNERAL DIRECTOR Henry Woores Jenkins & Sons Co. DHMH - 17 1981 rances 4905 York Road (VR A15 ME (5) Balto. Md.

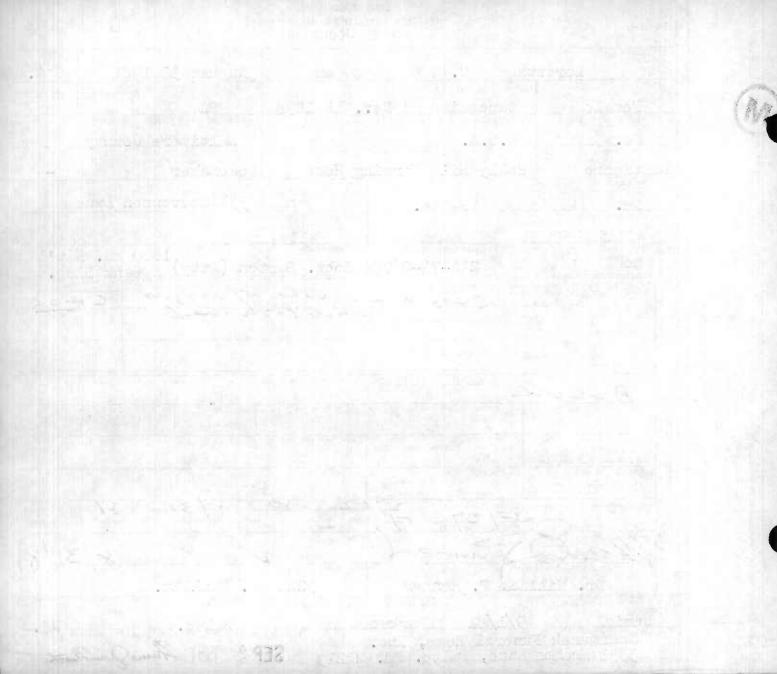
15M 2/80

Spaulding Helen

316 44 4337 Flanner & Eughanan Morbanny, Ind.

SOLD Whitestown House

Removal 97/81 Lincoln Vernory Cardens Signaville. [pillets Henry W. Jankers & Sons Co. 4905 York Road Balto, Nd. 21212 .....



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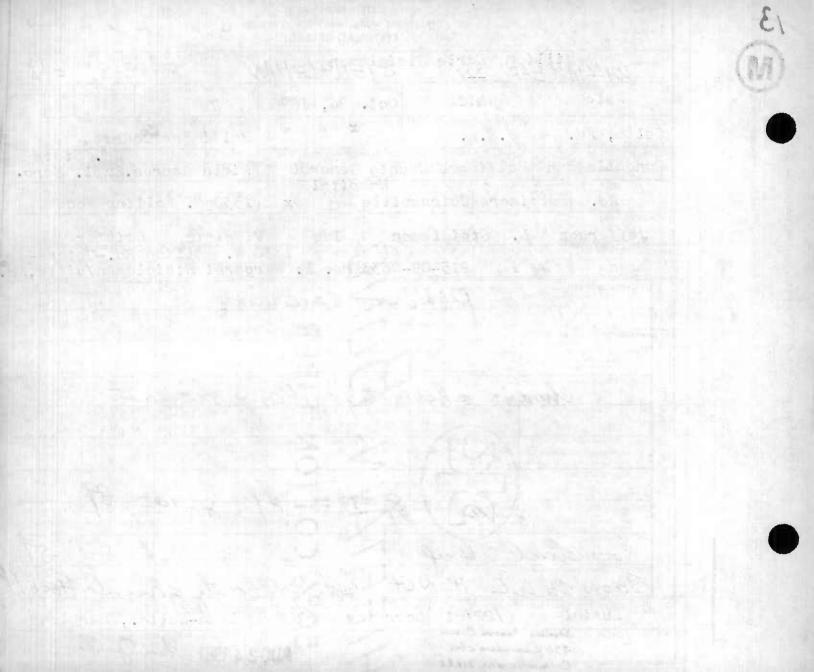
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

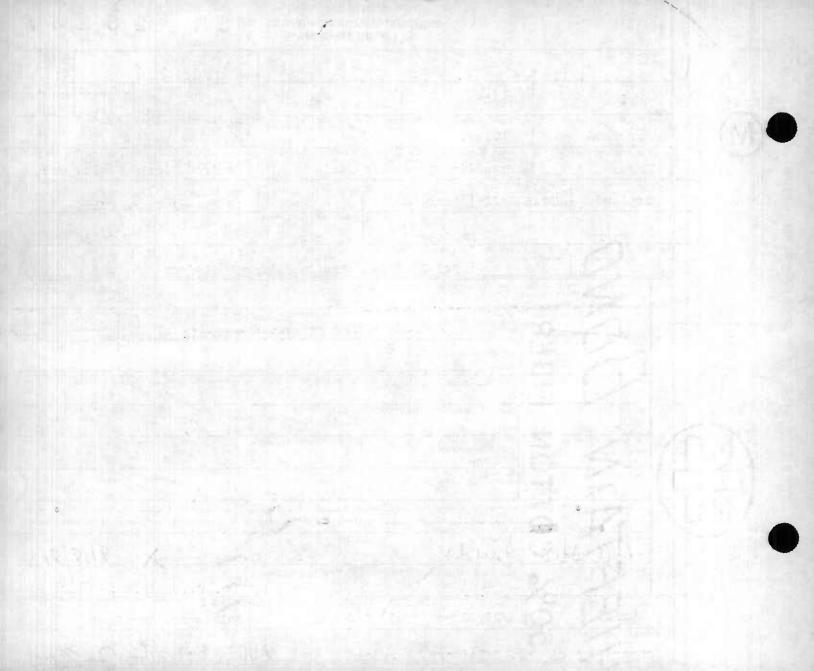
(VRA 15, 4)

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13	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0236
(M)	{TYP	CEASED NAME WAS Z	iam, Earle Ste ARL St.	SIEIGLEIM	20 DATE OF DEATH MONTH	PS 26. HOUR &
rector, burs offer	3. SE	Male	White	5. DATE OF BIRTH  0007. 24°, 1898	6. AGE (IN YEARS LAST BIRTHOAY) 82 YRS.	IF UNDER YEAR IF UNDER 24 HRS
Jeoth. Pourerol di	0	ETTa, Md.	76 CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$	MARRIED IN NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count Baltimore Co	
by the fu		andallstown	11. NAME OF HOSPITAL, NURSING BUTT WOLF FOR	SHOME OR OTHER INSTITUTION INTERPOLATION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	Windkind Straintes OR INDUSTRY Serve
filled in ould be must be	13a	AL RESIDENCE (IF NURSING HOME OR STATE Md. 11 COUN Balt	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY TIMORE Catonsu	ADMINISTRATION SOLITATION SOLITAT	113. STREET ADDRESS	ing Road
makering and 2 shows a short of 2	14 F	Jefferson	L. Steiglema	n Ida FIRST	Virginia I.	oistor
mond co		NAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES GN	MED FORCES? 166 SOCIAL SECUR	063 Mrs. M. Ma.	O N. ROPPLESING	RdCatons-
US, ZOI W. PRESTON ST., BAquires that the death certificate signed by the attending physic hen please remove carbon pape to buriol, cremotion, or removal ijury, or other traumatic event, the please that the state of the state	Z.	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE!  (b)  DUE TO, OR AS A CONSEQUE!	reas Carcin		years
IYSICIAN: The low reding physicion. s certificate hos been buriol-transit permit. The Mental Hygiene prior or term 18 shows any in them 18 shows any in	MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	TH HOUR A.M. MONTH DA	21t. HOW INJURY OCCUR	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO  PART 1 OR PART 2)
NR ATTENDIN hospital or iNRECTOR. Af- iched for use o' bept. of health them 21 is mon	ME	WHILE AT WORK  120. I certify that (I) (this haspit saw the deceased alive an obove, (I) (we) (did) (did not 27b. SIGNATURE  Soon Churchia	all attended the deceased from 19 50 of the body after death.	STREET  STREET  STREET  STREET  19  Out (our) opinion of Out (our) opinion opinion opinion of Out (our) opinion opinion opinion opinion opinion opinion opin	death occurred on the date and hou	19, that (I) (we) last or and from the causes stated  22c. DATE SIGNED  \$ - 9 - 8
TO HOSPITAL Cretained by the TO FUNERAL D should be detoo with the State D IMPORTANT; If	23a. E	22d, PHYSICIAN'S NAME (TYPEO SOON CH	UL HONG	220 ADDRESS  Bullimore  AME OF CEMETERY OF CREMATORY	County gene	ual Hospild
BP DHMH - 16 50M 1/81 (VRA 15, 4)			8/22/81 Lo  Juneval Estate  Amondson Ava. ADDRESS  office Md. 21222	rraine Park Mai		



1	1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGI	ENE 8	2	0 2	3 /	
X		CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
1			rry		R.		EINER		August 18,			4:25	i
J	3. SE	Male	12.5	White		5. DATE O	t 3, DAY 1906		6. AGE   IN YEARS LAST BIF		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
i i	7a. B	IRTHPLACE   STATE OF FO	DREIGN		WHAT COUNT	RY? 8. MARRIE	NEVER MARK	RIED 🗆	BALTIMORE CITY	OR COUNTY	OF DEATH	- 1	
35	10.0	Maryland ITY OR TOWN OF DEAT		U.S.		WIDOWE		CED 🗍	Baltimore	County		MD	
1		Essex		Frank	lin Squ	reet address) are Hos	prother Institut pital	TION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST O Retired (		INDUSTRY	City	
Temus be	M	AL RESIDENCE (IF NURSIN STATE aryland		Timore XXXXX	13c. CITY OR TO		13d. INSIDE CITY L YES NO	IMITS?	13e STREET ADDRESS 10 Chape	l Town	e Circl	le	
ie 24	14. F.	ATHER'S NAME FIRST	N	AIDDLE	LAST		15. MOTHER'S MA				LAS		
0130		Harry			Steiner		Mary				Bramble		
medical		VAS DECEASED EVER II		MED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRI	ESS			
		No			243-1	0-0369	Mrs Jos	sephin	ne M Steine	er	Same		
t, the		18 CAUSE OF DEATH PART I. DEATH WA	(Enter onl	y one couse per	line for (a), (b),	ond (c).)		-			BETWEEN	MATE INTERVAL DNSET AND DEATH	
injury, ar ather traumatic	NOI		lost.	ONDITIONS CO	R AS A CONSEC		NOT RELATED TO 1	THE TERMIN	nal disease or con	IDITION GIVE	N IN PART 10	0	-
shaws any i	CERTIFICATION	19a. DATE OF OPERATI	ŎN	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?  YES ☐ NO 【▼	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?	
or Hem 18 show		210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	Y OCCU <b>rr</b> e	D (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT I OR PART 2)		
marked or	MEDICAL	214. INJURY OCCURRE	E [	21e PLACE	OF INJURY REET, FACTORY OFFIC	CE, FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
Hem 21 is mo		226.1 certify that (1) sow the deceased above, (1) (we) (did 22b. SIGNATURE	d alive on	Augus t	18 19	81, ar	d that in (our)	9 <mark>81</mark> ) apinian de	, to August	18, 1 ote and hour	9 81 and from the		
		Marsh 22d. PHYSICIAN'S NAM	lia	Any	del		ATTEN	NDING ICIAN	MEDICAL STAI	FF	8/18	18/3	
with the Store [		Marsha	Snyc	der, My	D		9000 Fr		n Sq.Drive	, Balt	0., 21	237	,
		BURIAL, CREMATION, R	EMOVAL	23b. DATE 8/21/			emetery or crem edeemer		236. LOCATION CITY OR TOWN Baltimore			STATE	
A 1/B1 4)		UNERAL DIRECTOR NAME  eonard J Ru	ick Ii	nc. Bal	ADDRES	Maryla	nd	250. DATE	REC'D. BY REGISTRAR UG 1 8 1981			URE TE	
										-	1/3	The state of the s	ŕ



	1		STA	TE OF MARYLAND			5-10-5 PA
9	1.	FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE 8	202	3 7
10		REGISTRAR		FICATE OF DEATH	REG. N	10	
		CEASED NAME FIRST	Hyddre	LAS1		MONTH DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	ICI M. CTCIV W				10 110 OK
	3: SE	DAN				8/24/81	1 - 08P
	3. SE	^ 4	. RACE S. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS
200	П.	JALE	WHITE FEB	1 1 1 1 N. A	61	YRS.	
1 , -			CITIZEN OF WHAT COUNTRY? 8	7	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
4-1		ASH. D.C.	1160	ED M NEVER MARRIED	TOWAON	1	
0			1. NAME OF HOSPITAL, NURSING HOME		12a USUAL OCCUPAT		MD.
1		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C		OF BUSINESS OR
e ) (1				ST GBMC	TECH.	RIS	SARCH
Ď	13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION  Y 134 CITY OR TOWN	134. INSIDE CITY LIMITSP	13e STREET ADDRESS		
2	10	10. BAY		YES NO NO	2 1 2 1	RABAPPLE	ROAD
0	14. F./	ATHER'S NAME	The state of the s	15 MOTHER'S MAIDEN NA		ALDINI INS	110 190
27	0	5 - 1 3 11	DDLE LAST	FIRST.	WIDDLE	LA	.ST
46	1/0	ANIEL H.	31217, 3K-	LILLIAX	1000	SOP	2R
5		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS	
	-	123 W.W.		FAMILY	RELORD	5	
		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)			APPRO	CIMATE INTERVAL
		PART I. DEATH WAS CAUSED	BY: MFTASTATIO	ADENO CARC	INOMA LIN	IKNOWN	ONSET AND DEATH
D J		I G C I IMMEDIATE	CAUSE (a)	ADEITO ONITO	THOMA, ON	RIMARY	
	133	1771	DUE TO, OR AS A CONSEQUENCE OF			1111/2111	
00		Conditions, if ony, which	(b)				
- D		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
5		underlying couse lost.	(c)				
õ		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE YER.	NIAL DISSACE OD COM	DITION ON SHOT I	
	Z	TARK E OTTER STOTAL TEATAL CO	NOTIONS CONTRIBUTING TO DEATH BO	I NOT KELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART II	0
	CERTIFICATION	19g DATE OF OPERATION	THE CONDITION FOR WHICH OPERATE	NAME OF DE CONTROL	Tan	Ten is used in the second	
5	S.	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	170b. IF YES, WERE FINDS	NGS USED S OF DEATH?
	E				YES NO	YES	NO [
60		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM IB PART I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
	No.	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION			
3	MEDI	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
	- 2	AT WORK — AT WORK —	8/1	9 81	8/24	81	
2		22a I certify that (I) (this hospita		. 19	, to	19 0 1	that (1) (we) last
4		sow the deceased alive on obove, (1) (we) (did) (did not)	view the body ofter death.	nd that in (my) (our) opinion o	deoth occurred on the de	ote and hour and from the	couses stated
		226. SIGNATURE		DEGREE		22c. DATE	SIGNED
-		Dand July	an ma	ATTENDING PHYSICIAN	MEDICAL STAI		4181
		27d. PHYSICIAN'S NAME (TYPE OR P	PRINT	22e ADDRESS	DIRECTOR PHYSIC	IAN	126
		DR DAVID FE	LUMAN	GBMC			
	23a. B	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		
	0	URIAL	Q 27 1981 1250. U	VASHINGTON	80 -1 PE	COUNTY	DOY AND
1	24 FL	JNERAL DIRECTOR	1 0 - 1 10 10 20 - 0		E REC'D. BY REGISTRAR	256 BEGISTRARS SIONAL	194 V
17	1	NAME NAME	1 00 / COPMESS 1/	1/ 1/ DI AL	IG 28 1981	Zances Jan	Tarrello
	1	- MANS LA	17 1 6 L DDCO /70	+ 1 to ray Val Al	10 40 1301	014	

DHMH - 16 50M 1/B (VRA 15, 4)

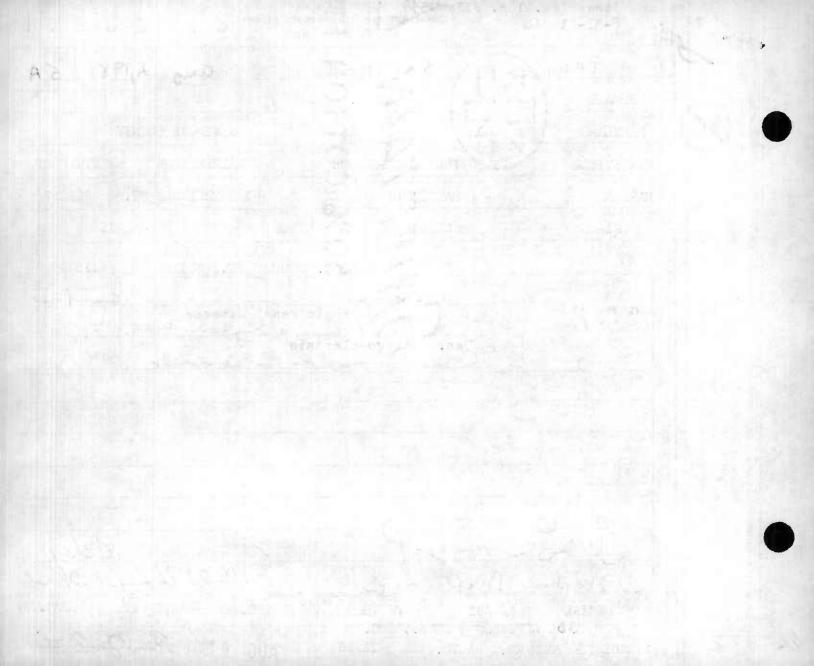
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17.		Ten & Shipan	TAILE NO		
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STATE OF MARYLAND

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. 1	I. DE	FOR 8-31-81 AI REGISTRAR FIRST	WIDDLE	MENT OF	HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO		2 4 I
4 roay be e. poge 3 after death	3.5E	TRANC	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST 69 92		YEAR IF UNDER 24 HRS. DATS HOURS MIN.
	3	FEMALE  RTHPLACE   STATE OR FOREIGN   COUNTRY   MARY LAND	WHITE 76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIE	T. 8, 1888  ED NEVER MARRIED DED XX DIVORCED	9 BALTIMORE CITY O BALT IMORE		.н
90		PIKESVILLE	11. NAME OF HOSPITAL, NURSIN PIKESVILLE NU	IRSING	OR OTHER INSTITUTION	HATRORESS		ND OF BUSINESS OF
B B B	-	AL RESIDENCE (IF NURSING HOME OR STATE MARY LAND	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE	134 INSIDE CITY LIMITS?	13301EE MOMECH	EN ST.	#21217
1 11300	14. F2	SIMON	LTÉBEI	RMAN	15. MOTHER'S MAIDEN NA	WIDDLE	HARRIS	LAST
popular popula popula popula popula popula popula popula popula popula popula		VAS DECEASED EVER IN U.S. ARA YES, NOOS UNKNOWN) (1F YES, GIVE	MED FORCES? 16b SOCIAL SECTION (MAR OR DATES) 214-58		17 INFORMANT ST	TANLEY SNYDE		21201
requires that the deast seen signed by the other of the pileate cereoric rise to burial, cremation my lequey, or other troums	ATION	Conditions, if any, which gove rise to immediate couse to stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF THE CONDITION FOR WHICH	DEATH BUT	sclerosis NOT RELATED TO THE TERM	- James	DITION GIVEN IN PAR	
A The longer of	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CALL	JSES OF DEATH?
SE PHYSICIA otherding pl fler this centil as the burdet to and Memol orked or flem	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (FE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK AT WORK	H HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	19	21f. LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
HOSPITAL OF ATTENDING or certed by the forginal or O FUNERAL DIRECTOR, As ould be detechted for use of the State Dept. of Health the State Dept. of Health		22a. I certify that (1) (this hospital saw the deceased alive or above (1) Ave) (did) (did not 22b. SIGNATURE 22d. PHI SIGNAN'S NAME (TYPE OR	hop		, 19	medical STAF DIRECTOR PHYSIC	220 9	ATE SIGNED
) / BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			EHUDA ANSHE KI	URLANDY OF TO BAI	TIMORE	MARYLAND
DHMH - 16 50M 1/61 (VRA 15, 4)		JNERAL DIRECTOR SOL L	EVINSON & BROS.		250. DAT	E REC'D. BY REGISTRAR	Sh AGGISTRAR'S SIG	NATHOR



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## STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR		-	DEPARTA			AND MENTAL HYG OF DEATH	GIENE	8 1 REG	NO.	2	0 2	4	2
		OR PRINT	FIRST		MIDDLE		AST		2a DAT	E OF DEATH	MONTH	DAY	YEAR	26 HOU	R
	1,,,,,	OR PRINTY	DANIEL		N.	SULI	LIVA	N		AU	GUST	10,	1981	21	D M
	3. SEX	MALE		4. RACE WHITE		S. DATE C		1903	6 AGE	78		MONT	HS DATS	IF UNDER	24 HRS MIN.
5	(	RTHPLACE (ST COUNTRY) RYLAND	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	XXN	EVER MARRIED   DIVORCED		LTIMOR	OR COU	NTY OF	DEATH		MD.
2	10. CT	TOWSON	OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / MULTI—MEI	ADDRESS)			TYPE OF	WORK FOR MO			26 KIND O NDUSTRY TIRES		SS OR
5	130 S		IF NURSING HOUSE		BALTIMO	N	13d. INS	SIDE CITY LIMITS?		EET ADDRES		AVE.	212	11	
C	14 FA	JEROME	WI	MIDDLE LLIAM	SULLIVA	1	15 MO	THER'S MAIDEN NA	ME	WIDDLI		DU	JNN LAS	т	
2		AS DECEASED	EVER IN U.S. AF	RMED FORCES? VE WAR GR DATES)	166 SOCIAL SECU 212-09-56			CRMANT LEN D. SU	LLIV		ORESS 13 CI	RESMO	ONT AV	2121 VE.	1
	ATION	Canditians, if gove rise to couse (a), underlying	IMMEDIA  Tony, which immediate stating the couse last	DUE TO, O  DUE TO, O  DUE TO, O  (c)  CONDITIONS C	le Lu	NCE OF		LA COL	AM INAL DIS			I GIVEN 1	N PART 1:0	3	
)	ICAT	190 DATE OF C	PERATION	196 COND	TION FOR WHICH	OPERACIO	N WAS I	PERFORMED	20a /	AUTOPSY?			ERE FINDING CAUSES		

216. TIME OF INJURY HOUR A.M.

MONTH DAY YEAR P.M.

21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

211 LOCATION STREET

ATTENDING PHYSICIAN

CITY OR TOWN

COUNTY

221. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT) HOWARD BOND

ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

M.D.

this haspital) attended the deceased fram

22e ADDRESS

9618 BELAIR RD.

COUNTY

STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any

230 BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE

NEW CATHEDRAL CEM

23c NAME OF CEMETERY OR CREMATORY

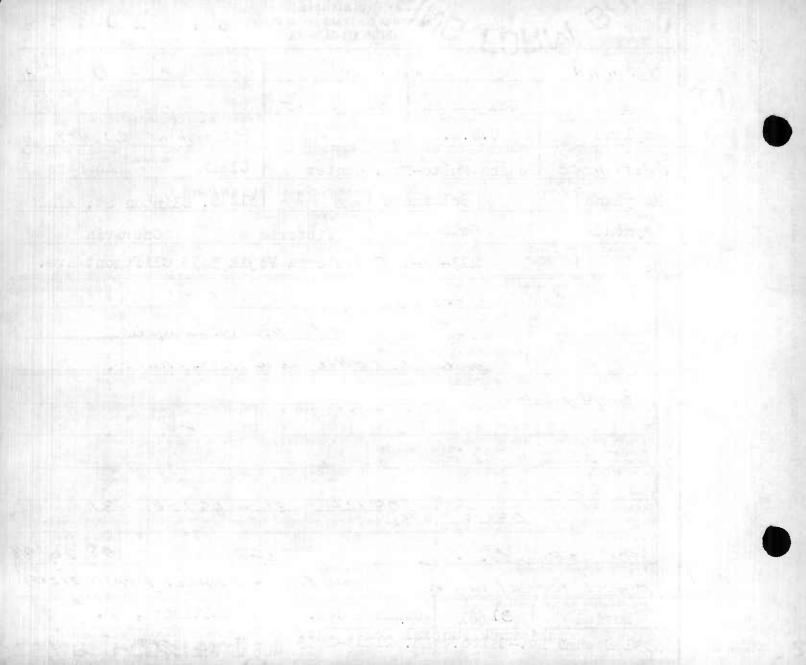
DEGREE

23d LOCATION CITY OF TOWN

MEDICAL STAFF
DIRECTOR PHYSICIAN

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

STATE OF MARYLAND



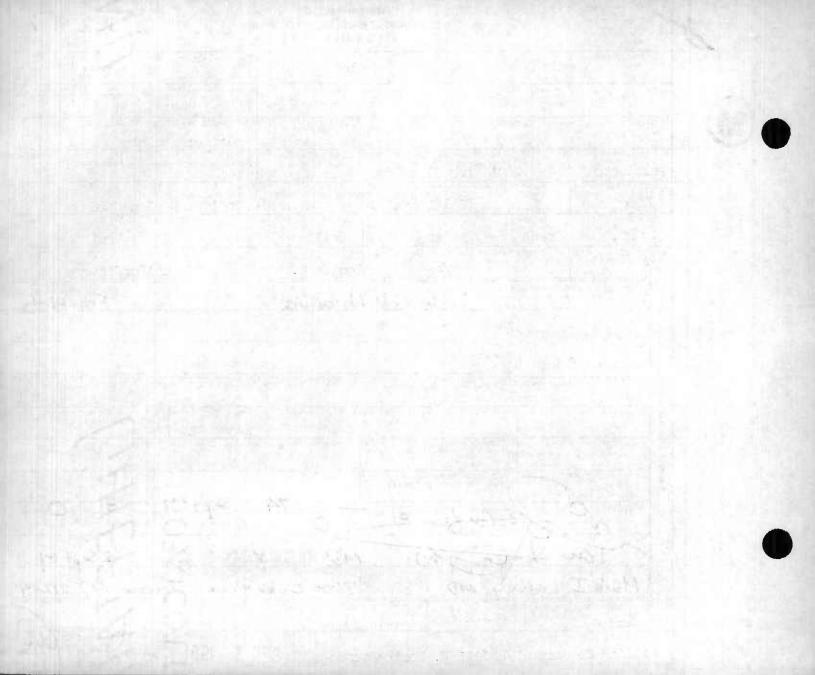
8/3/8/80 Condice Edward Acres 164 , specifical trap of mes - Mind and a second HELDLE VIEW THAT

1,	FOR STATE		* 1	DEPART	STAT MENT OF		MARYLAN H AND ME		YGIEN	E ,		2 1	1 9	23	6
	REGISTRAR DECEASED NAME	EIRSI	ME	DICAL	EXAMIN	ER'S	CERTIFIC	CATEC			REG.		<b>9</b> 6.2		
	(TYPE OR PRINT)	Miri	am	M	[.	Ta	abler			OF DEATH	ESTI- MATED	□ MON □			25 HOU
	sex Female	4. RACE White	5. DATE OF BIRTH	žear 28	6. AGE (IN YEAR LAST BIRTHDA	RS IF U	NDER 1 YR.	IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONI 8	TH DAY	YEAR	2d HOU 7:3
70.	BIRTHPLACE (ST FOREIGN COUNTRY) Maryla	ATE OR	76. CITIZEN OF WE	HAT COUN		0	RIED A NEV	/ER MARRI	IED 🔲	9. BALTIM	ORE CITY	Y OR COL	JNTY OF	DEATH	l l a ./
	Catonsv	OF DEATH	11. NAME OF HOS	CILITY, GIVE S	RSING HOME TREET-ADDRESS) AVENUE	OR OT			12a USU	ALOCCUI OST OF WOR Sal S	PATION ( KING LIFE) ecre	ore C TYPE OF WO Lary		IND OF B OR INDUS	USINESS TRY
US 13e	STATE Md.	Balt	OR OTHER INSTITUTION GR	13c. CITY	OR TOWN	IN)	13d. INSIDE CIT	TY LIMITS?	13e. STRE	et addre Monta	SS		ue		
	Laurence		WIODLE		Moore		Bla	inche	NAME	W	IDDLE			last P <b>arl</b> e	ette
160	YES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	217	7-80-62		17. INFORM		. Tab	ler 1	ADDRE		se A	venue	
	18. CAUSE O PART I DE	ATH WAS CAUSE	nly ane cause per line D BY: TE CAUSE (a)		), and (c).) red Ane	urys	sm. Cir	cle	of Wi	Ilis			Bel	APPROXIMAT	TE INTERVAL ET AND DEATH
NO	lying cau	SNIFICANT CONDITIONS			ISEQUENCE C		E OR CONDITION	GIVEN IN PAI	RT 1 (a).						
CEPTIEICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERA	V NOITA	AS PERFORA	AED?					1	AUTOPSY YES <b>XIX</b> I	NO []
		OR CAUSE OF		MONTH	DAY YEAR	21c. H	OW INJURY (	OCCURRE	D (ENTERN	ATURE OF INJ	URY IN ITEM	18 PART 1 OF			
MEDICAL	21d. INJURY C	NOT WHILE [	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, E	(AT HOME		CATION STREET			CITY OR TO	WN		COUNTY		STATE
	death resulte		ge of the remains desiral causes X,	cribed aba	ve, held an	Autor	Hamicie			Inquiry		and in my	apinian		
	ACTUAL SIGNATURE _ EXAMINER'S I	Ungn NAME VII	rginia L.	Dolar	n M.D	N			t MEDIO			DA' SIG	TE NED	8-13	3-81
230	BURIAL, CREMAT	ION, REMOVAL		23c. N	NAME OF CEM		ADDRESSOR CREMATO			CATION RIOWN			OUNTY	Š	id.
24	FUNERAL DIREC	tzke Fun	eral Home		msvill	W		SO. DATE R	REC'D. BY			GISTRAR'	S SIGNA		ld.

William C. March F/H 1101 E. North Avenue

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



8	1.	FOR STATE		D	EPARTMENT OF		MENTAL HYG	IENE 8	20	2	4 8
	1.05	REGISTRAR			CEKI	FICATE OF I	DEATH	REG. NO			
o w <del>t</del>		OR PRINT)	FIRST	WIDDLE		LAST		2a. DATE OF DEATH	MONTH DAY		b. HOUR
poge 3	2.05		LEON	ARD THO	MAS	0.5.0.0.511		1.105		31 1	0:30PM
F St	3. SE		1		13. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS		OURS MIN.
Poge	1.40	Male		Black		14	1923	58	YRS.		
		RTHPLACE (STATE OR FOR COUNTRY)	EIGN 76	CITIZEN OF WHAT CO	MARR	ED X NEVER	MARRIED -	9. BALTIMORE CITY O	COUNTY OF DI	EATH	
de or h	10.0	Md TY OR TOWN OF DEATH	( 1)	USA NAME OF HOSPITAL	WIDOV		VORCED	TOWSON	221	While Off	MD.
offer d with				LIF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		IIIOIION	(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	BUSINESS OR
n by e file		BALT I MORE AL RESIDENCE (IF NURSING	HOMEOROTE	HER INSTITUTION CIVE RESIDEN	RLES ST			Disabled	SteeltWor	ker	
(ND 2. 124 ho culd b ould b	13a. S	STATE	COUNTY	13c. CITY (	ORTOWN	13d. INSIDE C		13e. STREET ADDRESS			
2 Pr	14 E/	Md I		Balt	0,	YES X	NO S MAIDEN NA	4118 Fair	ax Road		21216
× 5 0- 0E	17. 17	FIRST	MID	DLE	LAST	D. MOTHER.	FIRST	WIDDLE		LAST	
	1/- 1/	Frank VAS DECEASED EVER IN	II C ABAE	Thom	AL SECURITY NO.	Ida 17. INFORMA	ANIT	ADDRE	Gas	kin	
execut and co		YES, NO OR UNKNOWN)		AR OR DATES)							
TIN per use		No			30 8672	Marie	Thoma	as 4118 Fai			Y NY
ficate ficate paper paper packet.		PART I. DEATH WAS	Enter anly a	one couse per line for (o)						BETWEEN ON	TE INTERVAL SET AND DEATH
ng p ban rem	- 1	IN	MEDIATE (	CAUSE (0) CAR	DIA ARE	REST					
arth of corr		1791		DUE TO, OR AS A CO							
RES aft and a de		Canditians, if any, w	hich ( diate	(b)	RMINAL	CANCER	₹				4 7 7 7 7 7
W. P		couse (a), stating underlying couse	the lost.	DUE TO, OR AS A CO	NSEQUENCE OF						
4 + P				(c)							
	z	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CONTRIBUT	NG TO DEATH BL	IT NOT RELATED	TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN	PART I(o)	
0 2 2 2	CERTIFICATION	196 DATE OF OPERATIO	N	196. CONDITION FOR	WHICH OPERATI	ON WAS PERFO	PMED	20s AUTOPSY?	20b. IF YES, WER	FEINDING	SIISED
e law nos be we no be more perm	IFIC.	THE DATE OF GLERATIO		The condition for	WHICH OF ERAIT	OIV WASTERIC	KMED		IN CERTIFYING	CAUSES OF	F DEATH?
ON OF VITAL R HYSICIAN: The I ding physician. is certificate has burial-stransit pe Mental Hygiene Mental Hygiene	ERT	21s. ACCIDENT WAS UNDER	YING 🗀	216. TIME OF INJURY		71r HOW IN	TILIBA OCCUBE	YES NO	YES _		NO 🗆
OF VITA  CIAN: The graphsicide errificate ial-transit intal Hygis erri 18 sho		OR CONTRIBUTING _ CAU	SE OF DEATH	HOUR A.M. MON		3	JONT OCCOM	( ENIER NATURE OF INJUR	THATIEW IS PART I OF	(744) 2)	
ON OF	DICAL	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED		P.M. 21e. PLACE OF INJURY	19	211 LOCATIO	ON				
VISION Thending the bundand wand w	MEDI	WHILE   NOT WHILE		(AT HOME, STREET, FACTORY		STREET		CITY OR TO	AN CC	YTMUC	STATE
DIVIS		AT WORK AT WORK		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.1		0				
Z P S S S		saw the deceased		attended the deceased		ULY 27	L, 198	death accurred an the da	0 19 (	tom the co	ot (I) (we) last
		obove, (I) (we) (did	(did not) v	rie Alla lady ofter deat	h	DEGREE	(50) 50	and account of the oc		DATE SK	
0 4 0 40	1	0-77	1	han	m	n 1	ATTENDING _	MEDICAL STAF		DATE SK	SINED
HOSPITAL ned by th FUNERAL old be det the State	-	THE PHYSICANA A MAM	E LIVE OF DE	anno	111	22e ADDRES		DIRECTOR   PHYSIC	AN		
OSP OSP Id b The		UILU				ZZE ADDRES					
TO HOSPITAL (retained by the TO FUNERAL Eshould be detained by the With the State Elimportant: if	-	DR JE					BMC				
500		BURIAL, CREMATION, RE	MOVAL	23b. DATE		CEMETERY OR		23d. LOCATION CITY OR TOWN	COUN		STATE
SO / BP		Burial		8-15-81	Baltir	nore Ce		Baltimo		Mo	
O DHMH-16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR			DDRESS	14 22	∆ 1 1	E REC'D. BY REGISTRAR	DE REGISTRAR'S	SIGNATUR	t
fel-		Brown/Thor	npso	n F.H. 191	3 W. Ba	ilto. St.	AV	G121981	name of	anth	78.

bent vertice of them address for the grant will be Toward Institute on the other was a sentent Conver10:2-12-1 BALTIMORE CC, MD GEMC CTOT N. CHARLES STREET 212 30 CHRONIC LYMCHOCYTIC LEUKERLE 13/1/ des. Calqueta Management was to the configuration of the configur

10 1-	FOR STATE REGISTRAR			EPARTMENT	OF HEA		ENTAL H	1/2	1	REG. N	2 0	2	5	0
	CEASED NAME E OR PRINT)	Jack	ς	F.	To I	bert.			20. DATE OF DEATH	KNOWN C			YEAR 19 81	2b HOUR
3. SEX		white	MAY 2,	YEAR LAST		FUNDER 1 YR.	HOURS :	24 HRS. MIN.	2c. DATE PRONOUI DEAL	NCED	8 8	2	Y YEAR 1981	2d HOUR 9:07
5 70. BI	RTHPLACE (STA- REIGN COUNTRY) PENNSY		76. CITIZEN OF WH.			ARRIED XXNE	EVER MARRIE DIVORCE			ORE CITY O			DEATH	am MD.
	ry or town o	<b>1</b> e	11. NAME OF HOSP (IF NOT IN SUCH FAC front o	f 3506 C	ld Po	other Institu st Driv	JTION Ve		ROPRI	PATION (TYPE ETOR	PE OF WOR	K 12b K	CIND OF BU DR INDUSTR EDIX	SINESS
5 130. S	L RESIDENCE (IF TATE ARYLAND	13b COUNT BALT	R OTHER INSTITUTION, GIVE TY O •	RESIDENCE BEFORE A 13c. CITY OR TO BALT I	MORE	13d. INSIDE	CITY LIMITS?	13e SIR	501°P	HILLIF	S DI	R.	#2120	8
14. FA	THER'S NAME	L	EON	TOLOC	НКО		ER'S MAIDE		۸	AIDDLE	5	SHAP	IRO	
16e. V	YAS DECEASED S NO OR UNKNOW YES	EVER IN U.S. ARA	VIET NAM	166. SOCIAL SEC 167-26			MANT ME				SRT BALTO	O., 1	MD 2	1208
IRICATION	gave rise cause (a) s lying cause		(b) DUE TO, OR A	AS A CONSEQUE		ISEASE OR CONOITIC	DN GIVEN IN PAR	T 1 (o).						
CERTIFICATION	19a. DATE OF C	PERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFOR	RMED?					20	AUTOPSY?	
	210. EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR GOOGLOGICATION	21b. TIME OF HOUR A.M. P.M.	MONTH DAY	YEAR 9	c. HOW INJURY	Y OCCURRED	) (ENTER	NATURE OF IN	JURY IN ITEM 18	PART I OR	PART 2)		
MEDICAL	21d. INJURY OC WHILE AT WORK		210 PLACE O STREET, FACTO	F INJURY (ATHO PRY, FARM, ETC.)	ME. 21	LOCATION			CITY OR TO	WN	(	COUNTY		STATE
2 -	ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT	AME HOI	mez R. Gu	Accident ,	Suicide	M.D. ASS	specify) istant 111Pen	Undet		anner ,		IE NED	8/2/8	31
(5	BURI.		8/4/81	CHIZ	UK AM			B	ALTIM				YLAND	ATE
	UNERAL DIRECT	STERST 0	LEVINSONs	& BROS.,		21215	250. DATE R		6 198	1 25h REG	ISTRAR'S	SIGNA	March	Nan .

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	1-	FOR STATE REGISTRAR		DEF	ARTMENT OF H	E OF MARYLA EALTH AND M ICATE OF DI	IENTAL HYG	REG. NO.	2 0 2	2 5 1
. m.c		CEASED NAME FIR	ST	WIDDLE	i	AST	•	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
oy be ooge 3 death		R	EGINA	LOUISE	TOL	LEY		August 6, 198	31	6:39a ^
4 moy	3. SE		4. RACE	TOAGTAN	5. DATE O		13	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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de 9	M.	RTHPLACE (STATE OR FOREK ARYLAND		USA	WIDOWE		ORCED	Baltimore Cou	nty	M
by the filled with	R	OSSVILLE	FÄÄ	OF HOSPITAL, N	QUARE"	OR OTHER INSTI	TUTION	120 USUAL OCCUPATION  LITYPE OF WORK FOR MOST OF WORKS  HOMEMAKER	NG LIFE) 12b. KIND INDUSTRY	
filled in ould be	13a S M.	AL RESIDENCE (IF NURSING HISTORYLAND BARYLAND B		REE ROS		13d INSIDE CIT	IY LIMITS?	7924 BRIDGE	AVE.	
completely I and 2 sh second 2 sh second 2 sh	I4 FA	LOUTS	WIDDLE	NIC	HOLAS	15. MOTHER'S	MAIDEN NA		D'	ÎETZ
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equires that the deoth consigned by the attending Then please remove corbit to buriol, crematian, arrivinjury, or other troumotic	NO	underlying couse la	the DUE TO	b)		NOT RELATED T	TO THE TERM	NINAL DISEASE OR CONDITION	I GIVEN IN PART 1	(a
bee bee	CERTIFICATION	19a. DATE OF OPERATION	19h Co	ONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? 20b. II	F YES, WERE FIND ERTIFYING CAUSE YES []	INGS USED
DING PHYSICIAN: The le or attending physician.  After this certificate has se as the buriol-transit per oith and Mental Hygiene, marked or them 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOU	P.M.	H DAY YEAR			RED (ENTER NATURE OF INJURY IN ITE)	M 18 PART I OR PART ?)	
ING PHYS	MED	21d. INJURY OCCURRED  WHILE NOT WHILE [ AT WORK	(AT HOA	ACE OF INJURY ME, STREET, FACTORY, C		21f. LOCATION STREET	N	CITY OR TOWN	COUNTY	STATE
OR OR TEN		220.1 certify that (this saw the deceased al abave, (**(we) (did) (	ive on Augu	st 6	_19 <u>_81</u> , or	id that in (my) (	., 19 <u>81</u> our) opinion (	, to _August_6 death occurred on the date and		
ITAL OR AT by the hosp by the hosp RAL DIRECT detached for state Dept. o		22b. SIGNATURE	2, m.p			PI	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-6	E SIGNED
ro Hospital of etoined by the TO FUNERAL Dishould be detected with the State Dishould by the State Dishould be detected with the State Dishould be detected by the State Dishoul		G. G	onzales				Frank1	in Square Driv	e 21237	
		SURIAL, CREMATION, REM			23c. NAME OF C		REMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP DHMH-16 30M 2/B0	24 FU	BURIAL JNERAL DIRECTOR	0,	/10/81	GLEN H	IAVEN	25a, DAT	GLEN BURN	IE BALT	

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- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

I. DECEASED NAME

17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Steel Mfgr. 21222 32 Liberty Parkway Unknown Josephine T. Toro---Same as 13e APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 8/6/1981 7811 Wise Ave., Dundalk, Md. Baltimore Maryland Burial 8/8/1981 Oak Lawn Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25 GISTRAR'S SIGNATURE Walter Brooks Bradley Inc. Dundalk Md 21222 nance!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

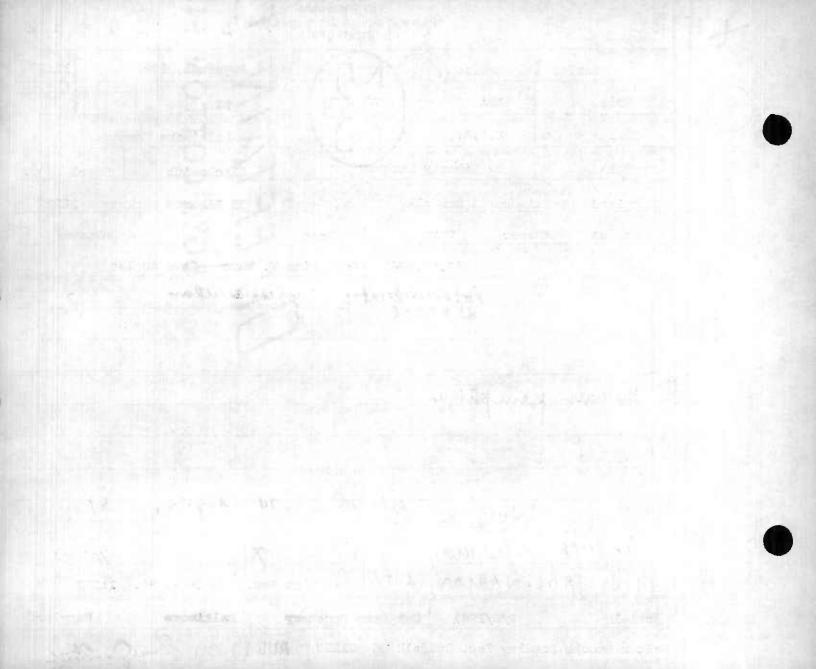
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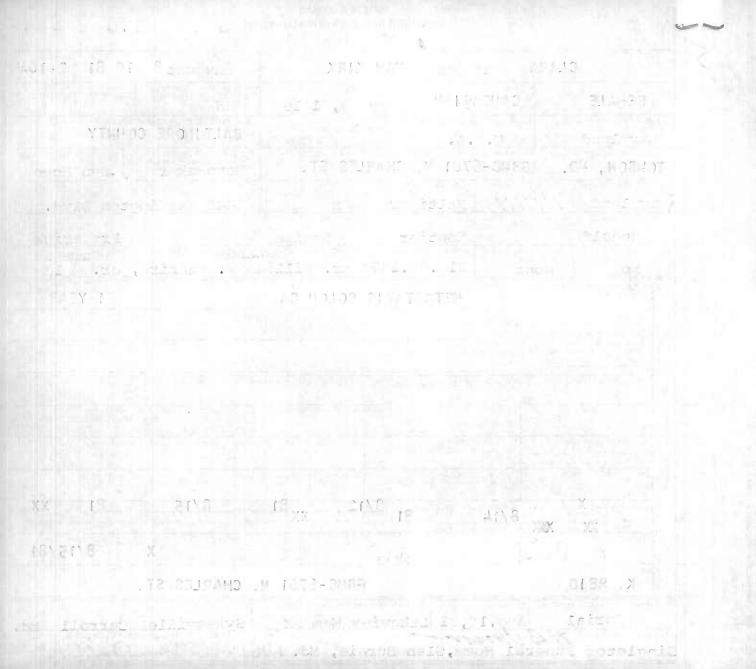
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26 DATE OF DEATH MONTH



16	1.	FOR STATE REGISTRAR		DEPAR	RTMENT OF	E OF MARYLAND  REALTH AND MENTAL F  CATE OF DEATH	
200		CEASED NAME FIRST		MIDDLE	11	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
moy be , poge 3		HELEN		K ·	TY	SZKO	8/4/8/ 602 AM
r, po	3. SE		4. RACE		5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN
s of		FEMALE	MH]	TE	8 NONT	13 07	73 YRS
		RTHPLACE (STATE OR FOREIGN OUNTRY)  Maruland	76 CITIZEN OF	WHAT COUNTR	MARRIE WIDOW	D NEVER MARRIED	BALTIMORE COUNTY OF DEATH  BALTIMORE COUNTY  MD.
(M)	4	ITY OR TOWN OF DEATH  OWSON	11. NAME OF		EET ADDRESS)	PITAL	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
24 Spur	13a. S	ALRESIDENCE (IF NURS - OME COU STATE COU Md.	DR OTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION) DWN DIE	13d Inside City Limits:	2306 Echodale Avenue
mpletely ond 2 silventrine	14. F.A	ATHER'S NAME	MIDDLE Wit	kofsky	144	15. MOTHER'S MAIDEN mary	NAME NOVAK
nd cer ges 1 dicol e	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE		17. INFORMANT	ADDRESS
Pog med	,	no (IF YES, GI	VE WAR OR DATES)	212-18	-2475	Mr. Alexand	er A. Tyszko same
he low requires that the deal has been signed by the atter t permit. Hen please remove i ene prior to burial, cremation, ows any injury, or other froum	CERTIFICATION	Canditions, if ony, which gave rise to immediate cause iol, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	conditions <u>co</u>	ONTRIBUTING T	O DEATH BUT		RMINAL DISEASE  200 AUTOPSY?  YES NOTE 1100 NO
AN: The AN: The oblysicio oblysicio difficate of transit of the of the oblysicio oblisio o		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
this certifical he burial-tran nd Mental Hy ed or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P. PLACE	Μ,	19	21f LOCATION STREET	CITY OR TOWN COUNTY STATE
After After olth o		WHILE NOT WHILE AT WORK	2.5		n 8-4	19_8	1 to 8-4 to 81 that X (we) last
RECTOR: hed for use ept. of Mec tem 21 is r		270. I certify that (K(this hosp sow the deceased alive o abave. (L) (we) (did) (ard o 27b. SIGNATURE				, 17	to 8-4 , 19 81 , that (% (we) lost ion death occurred an the date and haur and fram the causes stated 22c. DATE SIGNED
TO HOSPITAL O retained by the TO FUNERAL D should be detoct with the Stote D IMPORTANT: If I	-	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	01	1	ATTENDING PHYSICIAN 220 ADDRESS	
o HOS O HOS O HOS Should b		ERICS.	TON	ERM	6,	7622	lock Rd. Towson MD
ē . ≒ ₹ ≯ ₹	230. E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATOR	RY 23d LOCATION COUNTY STATE
BP		Burial	Aug.8,	1981 M	ost Ho.	ly Redeemer	Baltimore Md.
AH - 16 50M 1/76	24. FI	UNERAL DIRECTOR		ADDRESS			DATE REC'D. BY REGISTRAR 256 DIGISTRAPS IGNATURE
(VR A 15 (4))	1	Leonard J. Ru	ck Inc.	Baltimo	re, Ma.	ryland	AUG 5 1981 Name Janhardan

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		REGISTRAR  CEASED NAME FIRE FOR PRINT)	ST	MIDDLE		IAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
0.0	LITTE	HAR	OLD I	TICHAEL	VAL	NER	AUGUST 21, 198	p.	50 P
	3. SE	X	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF U	NDER 24 HRS
(MAR)		ALE	WHITE		JAN	ARY 31, 1919	62 YRS	MONTHS DATS HO	JRS MIN
THAM	o. B	IRTHPLACE (STATE OR FOREIC	76. CITIZEN O	F WHAT COUNTRY?	8 AA A DD 16	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
10	P	ENNSYLVANIA	USA	100	WIDOW		BALTIMORE COU	VTY	MD.
33	FO.	TY OR TOWN OF DEATH RT HOWARD	(IF NOT IN S	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET MEDICAL C	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING STEELWORKER	12b. KIND OF BU INDUSTRY	SINESS OR
35	13a.	AL RESIDENCE (IF NUR STATE ARYLAND	COUNTY.	13c CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3807 EAST PRATT	STREET	
211	14. E.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			
200		IRA		VARNE	R	ETHEL	WIDDLE	DISHA	RT
1 de 1		WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		L hole
1 1		YES	WII	220 07 2	567	CLINICAL REC	ORDS. VAMC. FOR	HOWARD.	MD
4 T #		18 CAUSE OF DEATH (Er	iter only one cause p	er line far (a), (b), and	d (c).			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
duo duo		PART I. DE ATH WAS C	EDIATE CAUSE (a)_	CARDIAC A	RRESI	1		MINUTES	S
or or		4029	DUE TO,	DR AS A CONSEQUE	NCE OF				
10 ort		Conditions, if any, whi		HYPERTENS	IVE C	ARDIOVASCULAR	DISEASE	YEARS	
1 1			he DUE TO.	DR AS A CONSEQUE	NCE OF				
of con		underlying cause la	st. (c)_						
and a	-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION G	VEN IN PART 110	
9 1	CERTIFICATION	AMPIMATTON	DIABETES	MELLITUUS	TGHT.	HERLIPHEATIA, A	INAL DISEASE OR CONDITION G PHASTA, RIGHT A	DOVE KNEE	
1000	Ş.	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?' 20b. IF YI	S, WERE FINDINGS ( IFYING CAUSES OF D	JSED EATH?
1 62	E						Control Control	The state of the s	
of w	10000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH DA	Y YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
11	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	AMINER)	P.M.	19				
D D	MED	21d INJURY OCCURRED	CAT MOVAGE S	OF INJURY TREET, FACTORY OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
litte ort	1	AT WORK			NEK-1970-19				
Heo		22a I certify that (this			7.5	19 19 80	, to AUGUST 21		H (we) last
200		saw the deceased all abave, (1) (we) (did) (	nd nat ew the bad	y after death.	110-		death accurred an the date and ha		
Dep		278 SIGNATORE	/			DEGREE	AMEDICAL CTAFF	22t. DATE SIGN	
# ×		( Ele		au		ATTENDING PHYSICIAN	MEDICAL STAFF	AUGUST :	21,1981
1 × + +		774 PHYSICIAN'S NAME				22e ADDRESS			11600
3 # 8 /		PETER JUVAL	i, M.D.			V.A. MEDICA	L CENTER, FORT I	IOWARD, MD	
	23a. I	BURIAL, CREMATION, REMI	DVAL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
-			8/2	/81 ST	STAN	ISLAUS	Baltimore	Nd.	,31616
5 50M (78)		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 256 PO IS		
	AN	NINO FUNERAL	HOME, 26	S. CONKL	ING S	T., BALTO., A	UG 2 5 1981	w franches	400
						MD			-

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18	22-9					THE TANK

5 1-	FOR STATE REGISTRAR CCEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG  MIDDLE  AMDDLE  AMDDLE  REG  REG  REG  REG  REG  REG  REG  R	
	CEASED NAME FIRST	MIDDLE LAST 120 DATE KNOWN	
	Louis	NTHONY VENDETTI OF ESTI-	0 21 01 1010
3. SE	male "RACE hile	S. DATE OF BIRTH  6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS. 26. DATE PRONOUNCED MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 2d. HOUR 8 31 1981 10 PM
FC	IRTHPLACE (STATE OR DREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. BALTIMORECU	
0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PROTING SUCH FACILITY, GIVE STREED DEADERSS) PRONKLYS SUCH FACILITY, GIVE STREED DEADERSS DEADERSS DEADERSS DEADERSS DEADERSS DEADERS	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Balto. City
ÚSU,		OTHER INSULUTION, GIVE RESIDENCE BEFORE ADMISSION)  13 CITY OR TOWN  13 CITY OR TOWN  13 CITY OR TOWN  13 LINSIDE (ITY LIMITS)  13 STREET ADDR	veside Rd
14. F	ATHER'S NAME FRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE ON Vendetti Angelina	LASY
16a. \	WAS DECEASED EVER IN U.S. AR		
	PART I DEATH WAS CAUSE	DUE TO OR AS A CONSEQUENCE OF COLUMN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Distance
NOI		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO
MEDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. TIME OF INJURY HOUR A.M. MONTH TEAR  216. HOW INJURY OCCURRED WHER NATURE OF INJURY IN ITEA  DEATH  THE PLACE OF INJURY (AT HOME)  216. HOW INJURY OCCURRED WHER NATURE OF INJURY IN ITEA  216. HOW INJURY OCCURRED WHER NATURE OF INJURY IN ITEA  STREET  CITY OF IOWH	A 18 PART 1 OR PART 2)
	22a. I certify that I took charged death resulted from	ge of the remaindescribed above, held an Autopsy , Inspection in Inquiry of Academ , Suicide , Hamicide , Undetermined monner	ond in my opinion  DATE Septi 81
230.8	EXAMINER'S NAME (TYPE OR PRINT)	T KASIKTA MD . ADDRESS 9606 Harp	rd Rd 21234

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Surface County and Sant Complete County, Maryland County, Maryland

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

THE PLANTER TO LENGE 18/11/2 the second of the second of the second VIII / 3-1 anu,

24 FUNERAL DIRECTOR 1630 Edmondson Ave., Baltimore, Md.

Witzke Catonsville FuneralHome, P.A. 21228

FOR

- STATE

BP

DHMH - 16 50M 1/BI

(VRA 15. 4)

Cremation

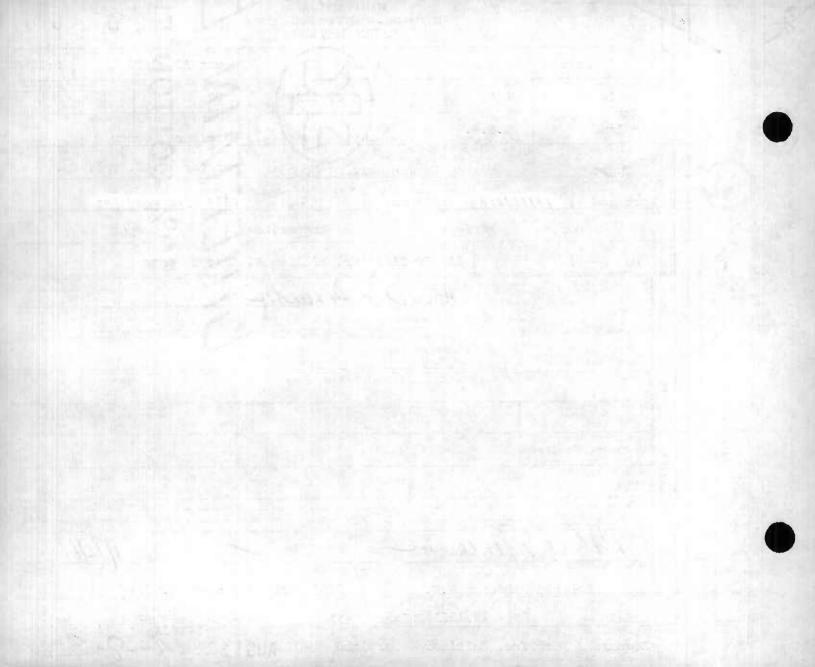
CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST PETER 20 DATE OF DEATH WAELCHLI HUGHES TYPE OR PRINTS PETER 13- 81 IF UNDER LYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Land Surveyor Lvon Assoc. 22 Breton Hill Road Riker 21208 Cassandra Waelchli, 22 Breton Hill Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH METASTASIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO A 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and fram the couses stated 22c DATE SIGNED DIRECTOR PHYSICIAN

Catonsville, Balto, Md.

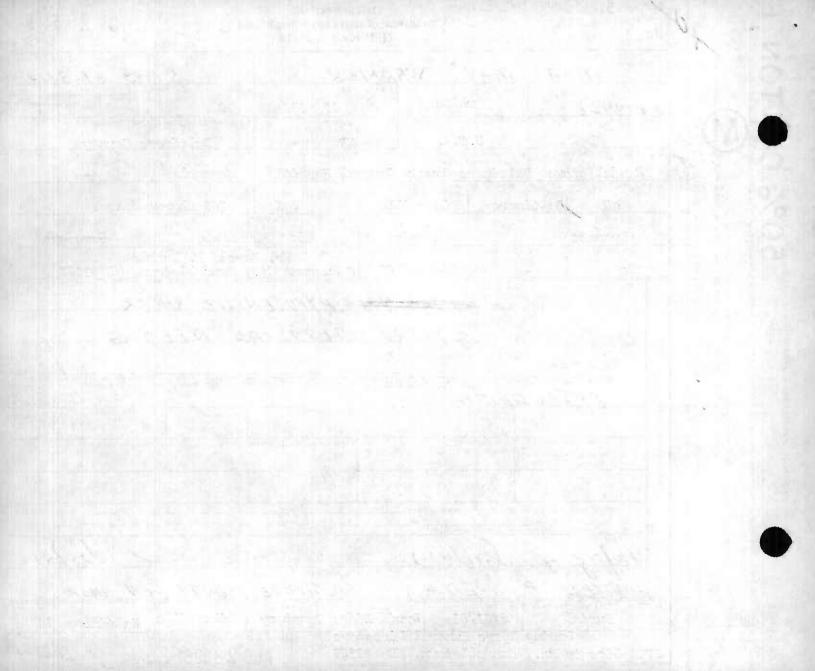
250 DATE REC'D. BY REGISTRAR 250 EGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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for		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL H	REG. N	2 (	) 2	6 1
m #		CEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
deoth		HDI	9 M+	ty w/	9611	ER	6	28	81	8-OLA M
	3. SE	X	4. RACE	white	MONT	DF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS MIN.
	7- 0	EMIGLE RTHPLACE (STATE OR FOR	21 61717611		4	17 1892	89	YRS.		
35	70. B	MD		U.S.A.	MARRIE	D NEVER MARRIED !		more Co		MD
355	⊿0 C	Randallstou	(IF NOT II	N SUCH FACILITY, GIVE STREET	ADDRESS)	or other institution ral Hospital	170 USUAL OCCUPAT	ON OF WORKING LIFE)		OF BUSINESS OR
and Sp	USU 130.	AL RESIDENCE (IF NURSING		TION GIVE RESIDENCE BEFOR  136. CITY OR TOW  Pikesvi	e admission) /N	13d. INSIDE CITY LIMITS			110	
Nominer mus	14 F	THER'S NAME		1200000	· · · · ·	15 MOTHER'S MAIDEN			Baugh:	man
130		Everett	WIDDLE	Sord	en.	Ada	Lisle	1.3	Love	ST
medicol		VAS DECEASED EVER IN	U.S. ARMED FORCE	S? 166 SOCIAL SECU	PRITY NO.	17 INFORMANT Mr.	Harold R. B.			
ent, the r		18 CAUSE OF DEATH				10 busanna c	t., naraatis	Lowri, M.		IMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIF	ICAFI	S CONTRIBUTING TO			RMINAL DISEASE OR CON	DITION GIVEN		
9	RTIFIC						YES NO	IN CERTIFYIN	IG CAUSES	OF DEATH?
9		210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH HOUR	AE OF INJURY  R. A.M. MONTH D.  P.M.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
4	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOM	ACE OF INJURY E STREET FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220 1 certify that (I) (th		d the deceased from_			, to			that (1) (we) last
7			(did nat) view the b	ody ofter death.			on death accurred on the d	ate and hour an		
		Hoyler -	De Sy	rolary		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		27c. DAJE 8/28	SIGNED
MPORTANT		HAIFEEZ	2	YED mi		8ALTIMUR	E COUNTY	BEN	4051	0
IMPORTA		URIAL, CREMATION, RE. SPECIFY) Burial	8/3	31/81 Dr	uid R	emetery or cremator idge Cemeter	y Pikesvil	le Bal	timor	e MD"
1/81	24 FI	INERAL DIRECTOR LO	ring Byer	s Funeral	Direc		ATE REC'D. BY REGISTRAR	25b. REGISTRAF	SIGNAT	USEV_
	87	28 Liberty	Rd., Rand	lallstown,	MD 2	1133	AUG 28 1981	Cancos	Jan	-/ Parliver

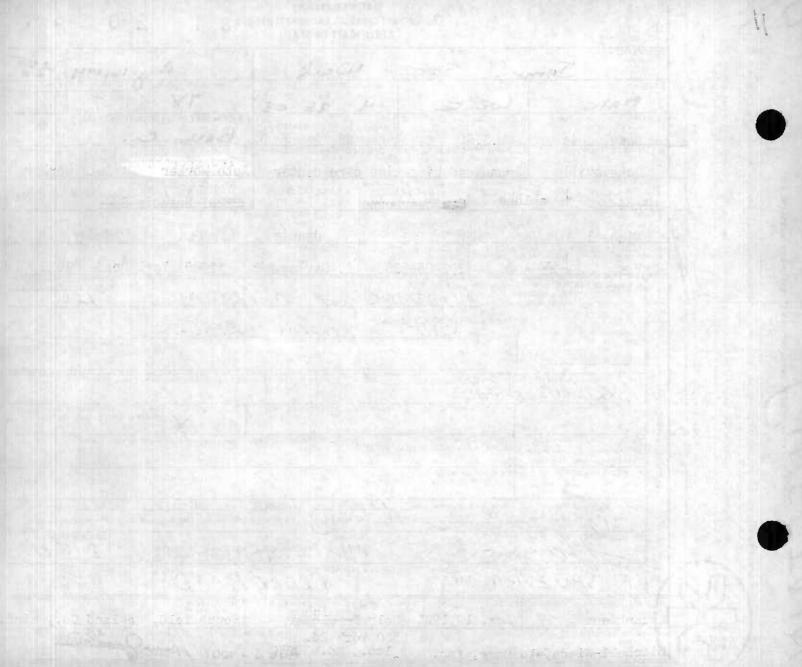


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6		FOR	DEDADT	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENTE ()	20267
0	1 -	STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	2 0 2 0 3
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
100		Helen	Naomi	WALKER	August 20, 19	981 12:40 %
11	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
and		Female	White	July 15, 1913	68 YRS	
2 he		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1 \$5	M	aryland	U.S.A.	WIDOWED DIVORCED	Baltimore Co	untv MD
Wijed Wijed	100	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
357		ossville	Franklin Squ	are Hosp.	Housewife	Own Home
and be	Ma.	L RESIDENCE (IF NURSING HOVE TATE 121 COL Tyland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 13t. CITY OR TOV Baltim	E ADMISSION) //N 13d. INSIDE CITY LIMITS? OTE YES X NO \( \)	13e. STREET ADDRESS 6213 Carter	Ave.
iner		THER'S NAME		15. MOTHER'S MAIDEN N.	AME	
350		Benjamin	Patters	on Ocene	WIDDLE	Whitcomb
ico		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECT		ADDRESS	
med	(4)	is, no or unknown) (# yes. c	212-05-	75011 David S.	Walker, 6213	Carter Ave.
the .		18 CAUSE OF DEATH (Enter	only ane cause per line for (a), (b), or		, , , , , , , , , , , , , , , , , , , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emovol.		PARTI DEATH WAS CALL	DE WEEN ONSET AND DEATH			
		45175	ATE CAUSE (a) Cardio-pi			
retian, er treumotic		Canditians, if any, which	( (b)	ENCE OF		
	-	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
ar ather		underlying cause last.	(6)	EITCE OF		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
injury,	CERTIFICATION	Ch	ronic Obstructive	Pulmonary Disease	9	
s any	CA	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
shows	E I			•	YES NOW	YES NO
I &CI		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
= =	N S	(IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.	19		
ia p	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
o rke		AT WORK				
E E		22a I certify that (this has	pital) attended the deceased fram_	August 19 19 81	to _August 20_	., 19 <u>81</u> , that <b>W</b> (we) last
1. of 11. of		obove, Mc(we) (did) (did)	on August 20 19	81, and that in (aur) apinian	death accurred an the date and ho	
t Her		226. SIGNATURE	. B Suide.	MA DEGREE ATTENDING	_ MEDICAL _ STAFF	22c. DATE SIGNED
Ž		sieve.	ya, siyaci,	70, PHYSICIAN	DIRECTOR PHYSICIAN	8-20-81
RIA		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS		
with the State De		2teveu R	. Snyder M.D.		klin Square Driv	e 21237
, >	23a. BI	JRIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		Burial	Aug.24,1981		Parkville,	Balto., Md.
2/80	RO	BERIFECOR ALTE	ENBURG FUNERAL	HOME, INC. 250 DA	UG 2 1 1981	STRAR'S SIGNATURE
)	60	09 Harford F	Rd., Balto., M	d. 21214 A	UG & 1 1301 Plan	u fanlastha

Table in the company of the control of the company 

Th		ems 12a to 23C FOR - STATE REGISTRAR	G 559 9/8/81 DEF	ARTMENT OF HEALT	MARYLAND TH AND MENTAL HYG TE OF DEATH		0264
	I. DE	CEASED NAME FIRST	MIDDLE	LAST		REG. NO.  2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 75		JAM	nes Sas	eph w	and		16, 1481 12 AM
low P	3. SE	X	1 RACE	5. DATE OF BIF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 0	6	MAIR	Wester	нтиом	38 P3	78	MONTHS DAYS HOURS MIN
Pog. Pog.		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Se mero		ennsylvania ITY OR TOWN OF DEATH	U.S.A.	WIDOWED		Ballo. C	MD.
he fu	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		THER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
201		Cockeysville	Broadmead Li		re center	Transportation	Auto worker
ND 21 hou 24 hou uld be		AL RESIDENCE (IF NURSING HOME CONTACT OF MARYLAND OF M			INSIDE CITY LIMITS?	13. STREET ADDRESS Ch 22251 Francis	arlesbrooke Road
YLA ithin ithe 2 sho		ATHER'S NAME		15. /	MOTHER'S MAIDEN NA	ME	_36/_
MAR wed w		Micheal Ambr	ose Ward	T .	Jennie	Loretta	Ruddy
w 5 0 0		WAS DECEASED EVER IN U.S. A		SECURITY NO. 17	INFORMANT	ADDRESS	
IMOR n and Pages				5-3386 A	. Naylor, R	n 13801 York	Road 21030
BALT ate b ysicial opers. val.			only one couse per line for (a), (	b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., I	1	PART I. DEATH WAS CAUS	ATE CAUSE (D) META	STATIC	CA 07	PROSTATE	Iyu.
on the corb	13	1850	DUE TO, OR AS A CON	SEQUENCE OF		0-1-16	
PRESTON he death ce me attendin emove corb mation, or i		Conditions, if ony, which gove rise to immediate	(b) CH	F -/	YITHAL	REGURG-	
W. Pl		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF			
se that the set of the se			(c)				
	Z	OPPLINED IS	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
RECORDS.  I law require.  Os been signermit. There prior to the ws any injur	¥ F	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION W	AS PERFORMED	20a. AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
L REC	CERTIFICATION					YES TO NOT IN CE	RTIFYING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The other this certificate h os the buriol-tronsit p th and Mental Hygier orked or liem 18 show	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
OF O		OR CONTRIBUTING CAUSE OF DE		H DAY YEAR			
HYS anding this ce burge burge	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f	LOCATION	CITY OR TOWN	COUNTY STATE
IVIS JG P attent ter the strength one	8	AT WORK AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, EIC.	JINEET	CITOKTOWN	STATE
I de la companie de l		220.1 certify tho (this hosp	C . ( )	from 12-17	19 80		, 19 8/ , that (I) (we) lost
ATTENIOS Spitol SCTOR: d for us 1, of He m 21 is		obove ([] we [did] did n	ot) view the body after death.	19_9 , and the		death accurred on the date and	haur and from the causes stated
OR DIRE		22b. SIGNATURE	1.	DEGI	ATTENDING	MEDICAL STAFF	8-16 8/
ITAL by the RAL state state		204 DUVE CLANIC NAME - A	yaww)	122-	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8,007
TO HOSPITA TO FUNERA should be de with the Stot		F. SANZ	ARO MYD	77e	. ADDRESS	MEAD	
0 of 0 w w w w w w w w w w w w w w w w w w		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	
BP		tombment	Aug. 19,198	1 Holy Se			Dakland Co., Mich.
2 DHMH-1650M7/77	24 F	UNERAL DIRECTOR	ADDR	6500 Yor	k Rd. 250. DAT	E REC'D. BY REGISTRAD 256. REC	
(VR A 15 (4))	Mi	tchell-Wiedefe		B <sub>alto.</sub> ,	Md. 21442	1 1301 Minu	1/1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS ABRA WEISTOCK 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR OCT". 1914 HOURS MALE WHITE 66 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE COUNTY MARYLAND USA DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION INDIASED BUEDOTP. BALTIMORE COUNTY GEN. HOSPITAL MERCHANT RANDALLSTOWN MARYLAND 21201 DEALER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION BALTO. 13d INSIDE CITY LIMITS? 9613 ORPIN RD., APT. 101 #21133 MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE WEISTOCK ROSE MORRIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MRS. SARAH WEESTOCK 166 SOCIAL SECURITY NO. 9613 ORPIN RD., APT. 101 578-12-8170 #21133 18 CAUSE OF DEATH :Enter only one couse per line for (0), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e\_ADDRESS 23e BURIAL 23c, NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL 8/16/81 BALTIMORE CHIZUK AMUNO BP 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/BI (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO, MD 21215

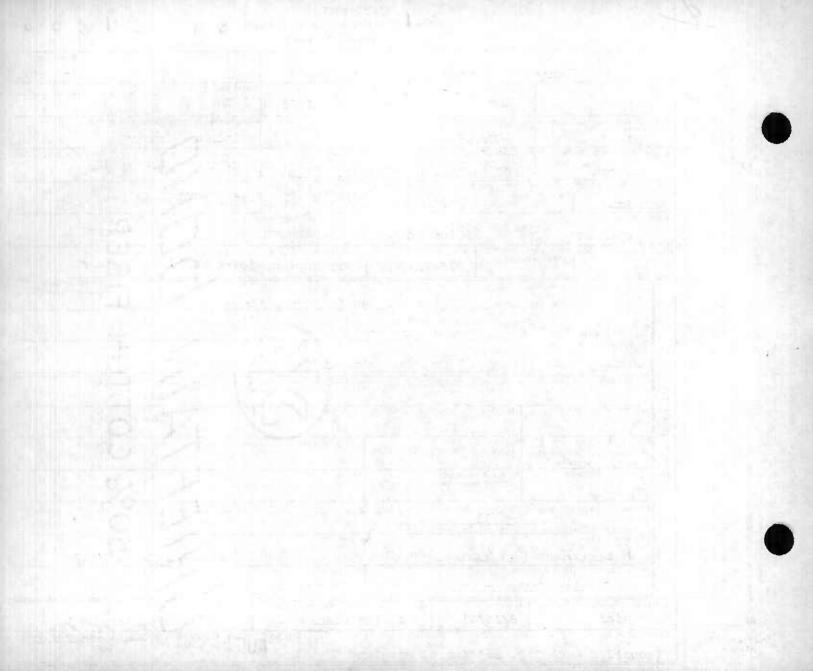
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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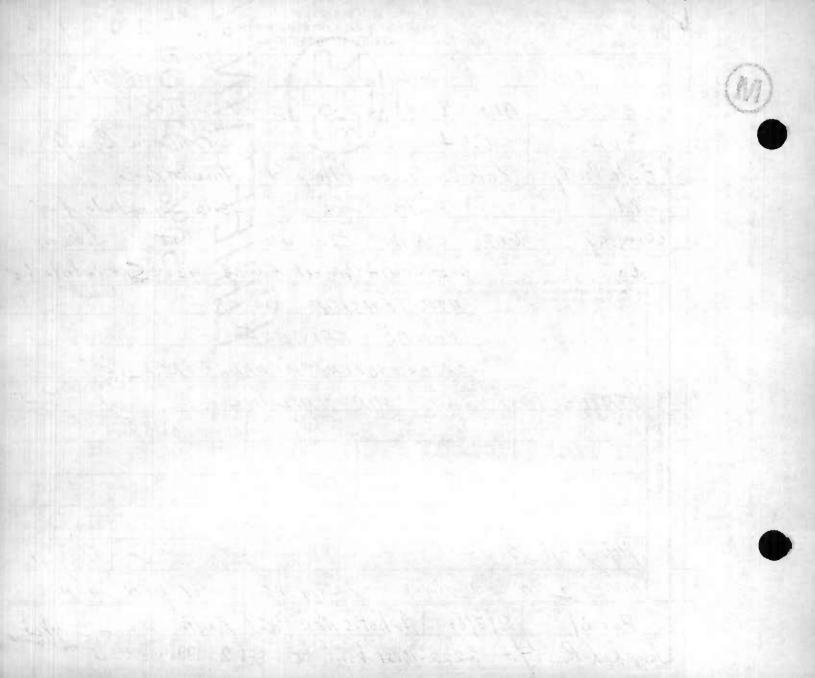
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	X			STATE OF MARYLAND		
16	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8   2	0 2 / 0
	1 DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	
		E OR PRINT)		MADE	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE	HIM	W/C	-MUKE	o a	8 81 1/401
	3. 35	como, s	PI DO 11	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS ME
,	70.0	IRTHPLACE (STATE OR FORFIGN	BLACI	5 28 08	- 73 years	
3		COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	- 10// has a.	11 1
5	10 C	Botto Com/	LIE NOT IN SHOH FACILITY, GIVE STREET	AGHOME OR OTHER INSTITUTION ADDRESS) O EMERNAL HOS DITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS (INDUSTRY
30 C	USU.	AL RESIDENCE (IF NURSING HOME COTATE 13) COU		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1///-
2	14.5	ATHER'S NAME	BAIT	YES NO	4302 Spring	sciple fue
	100	FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIGDLE	1 who can
	1	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	Julinson
Z			1/2 WAR OR DATES) 2/2-10-1	um 1. 1 . 11 11.	Imure - 4302 6	princedal &
a L			100	77. 17.000	73123	APPROXIMATE INTERVAL
event,		PART I. DEATH WAS CAUS		TENDINE OF	-Inc K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		IMMEDIA	ATE CAUSE (a)	CHSIVE SI	100/1	
mofic		9140	DUE TO, OR AS A CONSEQUI	ENCE OF EDIIII	E	
traum	100	Conditions, if any, which gove rise to immediate	(b) RE/4/-	16 PAICUA	E	
other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	ACOUT NAC	20
ō		DARL 2 OTUEN GIONIEICANIA	CONDITIONS CONTRIBUTING TO	VSCLCKOTIC ,	GEMKI DISEL	751-
اديم	Z	STPTIIC TO	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION G	IVEN IN PART 110
<u> </u>	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g. AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
9	FIC			OF ENTITION WAS TENTONINED	IN CERT	IFYING CAUSES OF DEATH?
5	ER -	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1216 HOW IN HIRY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM 18	/ES NO
Fea 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	TRED (ENTER NATURE OF INJURY IN TEM TE	PART I OR PART 2)
7	MEDICAL	(IF EITHER: NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
edor	MEI		(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
marked		AT WORK AT WORK				
2		37a. I certify that (I) (this hasp sow the deceased alive of	pital) attended the deceased from_		, to	, 19, that (It (we)
2		obove, (I) (we) (did) (did no	ot) view the body ofter death.		in death occurred on the date and ha	our and from the couses state
# #		Halenz 1	Sedn.	DEGREE ATTENDING	MEDICAL STAFF	THE DATE SIGNED
MPORTANT		11 12 NO	79101	PHYSICIAN	DIRECTOR PHYSICIAN	70484
1 2		27d. PHYSACIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	- 54 22	1
		MHFEEZ,	A SYKDM')	BALIMORE	COUNTY BEI	V. HOSP.
5	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	AME OF CEMETERY OR CREMATORY		E402
_		Buriol	19/3/81 4	rputus Men. PK	BATTO	COUNTY
81	24 F/	NERAL DIRECTOR		1 25g D	ATE REC'D. BY REGISTRAR 251- REGIS	
	1/4	CONAME S A	4/4. 200 ADDRESS	not be to	CED 2 1081 CAM	reas T



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYD TIFICATE OF DEATH	GIENE 8	20	2 7 1
	OR PRINT)		MIDDLE	LAST	20 DATE OF DEATH M	AONTH DAY YEA	10 11001
3 SE	Sco		nristopher	WISE	August 18		9:52
N	Male	4 RACE White	Ma	irch 31. 1967	6 AGE [INYEARS LAST BIRTH	YRS.	ATS HOURS M
N	RTHPLACE (STATE OR FORE	USA	WIDO	RRIED WEVER MARRIED WED DIVORCED	Baltimore city or Baltimor	county of DEATH	н
Ros	sville 2123	7 Frank	Tin Sq. Hosp		120. USUAL OCCUPATIO (TYPES WORK FOR MOST OF Y		D OF BUSINESS OF Chool
13a. S	Maryland 13h	HOME OR OTHER INSTITUTION COUNTY Baltimore	GIVE RESIDENCE BEFORE ADMISSI 131. GITY OR TOWN LSSEX	YES NO XX	13 929 Foxoro	ft <sup>L</sup> ane	21221
14 FA	THER'S NAME  FINDOM  F	se MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST
16a V	VAS DECEASED EVER IN (	U.S. ARMED FORCES?  IF YES, GIVE WAR OR DATES)	212 92 437		Father ADDRES	Same	
z	underlying couse I	hich liote the lost. (c)	R AS A CONSEQUENCE O  R AS A CONSEQUENCE O  ONTRIBUTING TO DEATH	OL HEART D	) i S & A S & S	ITION GIVEN IN PAR	Titos
CERTIFICATION	19a DATE OF OPERATION	N 196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES [7]	NDINGS USED SES OF DEATH?
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY YE	AR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		h-m-d
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
	22a.1 certify that (1) (this saw the deceased a above, (1) (we) (aliab 22b. SIGNATURE		10 81	, and that in (my) ( opinion	to		
	220. SIGNATURE	1100		DEGREE	MPDICAL STAFF		
-	22d. PHYSICIAN'S NAME	Topolio"	0	PHYSICIAN (	DIRECTOR PHYSICIA	-8 DAY	26-81

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

OR ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Funeral Home PA 1407 Old Eastern Ave AUG 2 1 1981 France January

St. Stanislaus Cemetery

Parel and the control of the control

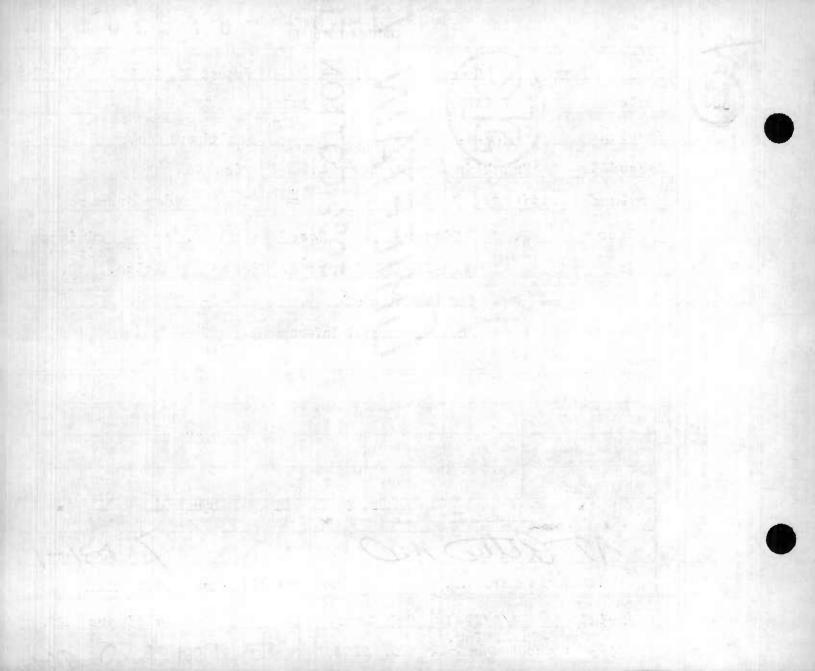
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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-7/		REGISTRAR				CERTIE	ICATE OF I	HTAS	0	EG. NO.	6.	0 6.		-
-1		CEASED NAME	FIRST	-	MIDDLE		AST		20 DATE OF DE		ONTH	DAY YEAR	26 HOU	R
			lam	6	eorge		WISNER		August	31.	1981		12:3	32 A
1	3. SE			4 RACE		S. DATE O	OF BIRTH	VEAD	6 AGE (IN YEARS	LAST BIRTH		IF UNDER 1 YEAR		24 HRS
)		Male		Whit	e	4	24	1918	6		YRS.	MONTHS DATS	HOURS	MIN.
21	'a BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED X	9 BALTIMORE	CITY OR	COUNTY	OF DEATH		
1		aryland		U.S.		WIDOWI	D D	VORCED [	Balti	more	Cour	nty		MD.
1		OSSVILLE	TH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET Lin Squa	ADDRESS)			120 USUAL OCC	LIPATIO	N	126 KIND C	OF BUSINE	SS OR
3	130 S Mc	aryland	136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 134. CITY OR JOW Dundal	ADMISSION)	13d. INSIDE C		13e STREET ADD	RESS		Avenue	2	
08	4 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	S MAIDEN NAM		DDEE		IAS	S.T.	
28		Elmer		E.	Wisner		R	ose		<i>A</i> .		Weir	ringe	er
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRES	5 720:	9 Fait	Avi	enue
1		No			218-12-	4062	Georg	e A. W				to., 1	1D. 2:	1224
		18 CAUSE OF DEATH PART I. DEATH W	1 Enter or	ly one couse per	line far (a), (b), and	lc						APPROX BETWEEN	Avenue  Avenue  D. 21224  MATE INTERVAL  ONSET AND DEATH  OF DEATH?  NO   STATE  STATE  MD.	
				E CAUSE (a)	Cardioge	nic S	hock							-
		4100			R AS A CONSEQUE									
		Conditions, if ony, which (b) Acute Myocardial Infarction												
		cause (a), stating underlying cause	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF								
				( (c)										
	Z	PART 2 OTHER SIGN	IIFICANT (	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDI	TION GIVI	EN IN PART 16	a.	
A	ATIC	190 DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	?	20h JE YES	, WERE FINDIN	VGS LISED	
2	CERTIFICATION								YES NO	X	IN CERTIFY YES	YING CAUSES	OF DEATH	
9		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY	IN ITEM 18 PA	ART   OR PART 2}		
	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	Day STC 1	211 LOCATIO	NC	CII	Y OR TOW	V	COUNTY	51	ATE
	2	AT WORK AT WOR	K		act, ractort, office to	in, ere ş								MD. ESS OR  er enue 1224 RYAL POPEATH  DETAILE  we) lost died
	11	22a I certify that 🗶	(this haspi	tal) ottended the	e deceased from_	Augus	t 24	_, 19_81	toAug		31	19_81	that 🗶 (w	re) lost
		sow the decease abave, (we) (d	d alive on	Augus T	after death.	<b>81</b> aı	nd that in De	(our) apinion o	death accurred an	the date	e and hour	ond from the	couses stat	MD. SS OR  ATE  ATE
		226. SIGNATURE	7	Retu	DA	2/		ATTENDING	MEDICAL DIRECTOR   F	STAFF		F-7	SIGNED / -f	-/
1		22d. PHYSICIAN'S NA					22e ADDRES				/		,	<del>/</del>
		Alexa	ındra	Peters	M.D.	1 3	9000	Frank	lin Squa	re D	rive	21237		
		BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATIO			COUNTY	6.7	ATE
		Burial		9/2/		ak I	awn			1		imore	MD.	
	24 FL	INERAL DIRECTOR DI	uda-	Ruck,	Inc. ADDRESS				E REC'D. BY REGI		b. REGISTI	RAR'S SIGNAT	URE	
	79	22 Wise A	venu	e Du	ndalk,	MD.	21222	S	EP 11	981	21	0	on	
												- Color	Mai	My



1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8	2 0 2	7 3
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	BAR	RY Lee	WOLCHIK	AUGUST 13.19	981	10:30 <sub>M</sub> .
3 SE	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
1	Male	White	10 11 1957	23 YR		HOURS MIN.
70. B	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU		
	Maryland	USA	WIDOWED DIVORCED	BALTIMORE C	ounty	MD
0 10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND C	F BUSINESS OR
रें ०	verlea	33 ELMONT AV	E. 21206	Student	G LIFE) INDUSTRY	
0.30 14 F	ATHER'S NAME FIRST  Frank WAS DECEASED EVER IN U.S. A (YES NO OF UNKNOWN) NO  18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU.	219-76-	ik Helen RITY NO. 17 INFORMANT 5198 Frank J. W	ADDRESS	Ballmont A	lhuta
8 shows ony injury, or other in	cause (a), stating the underlying cause last.	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED  211. HOW INJURY OCCUR.	70a AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	4GS USED
nd Mental Hy	OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED		19 21f LOCATION	CITY OR TOWN	COUNTY	STATE

21f LOCATION STREET

ATTENDING PHYSICIAN

CITY OR TOWN

STATE

IULY 22a.1 certify that (1) (this haspital) attended the Ideceased from saw the deceased alive an above, (1) (was) (did) (did not) view the , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27k SIGNATUR DEGREE 22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL

Burial

NOT WHILE

22e ADDRESS

23d. LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

8-17-81 24 FUNERAL DIRECTOR 7401 Belair Road Lassahn Funeral Home

23b. DATE

Gardens of Faith

23c. NAME OF CEMETERY OR CREMATORY

Overlea Baltimore Md.

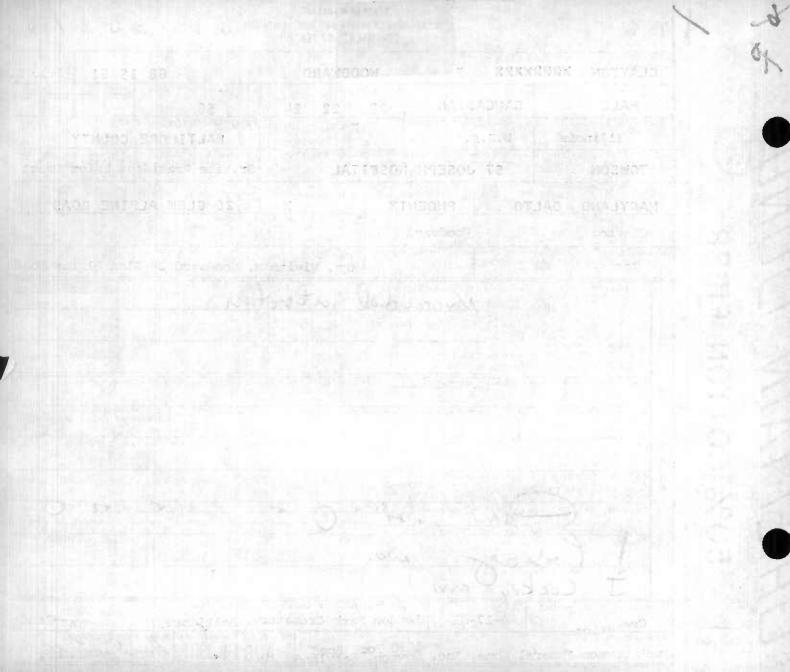
REGISTRARIZM. REGISTRAR'S SIGNATURE

ASPANIE THEORY CONTRACTOR Personal Continue of the Conti and the state of t

STATE OF MARYLAND

The state of the s Consider the spiritual trade the way THE MAN COURSE STREET Electron of Contrator and Plant Contrator and the trees PACCALL TORKS AND THE SERVICE OF THE

by X	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF MEALTH CERTIFICATE	AND MENTAL HY	0, 1	2	0 2	7 5
oy be of death		CEASED NAME FIRST		WIODLE	WOODI		REG. 20. DATE OF DEATH		5 81	26 HOUR 5:15 R.
ge 4 may ectar, par irs after d	3. SE	MALE	4. RACE CAUCA	SIAN		22 24	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER ! YEAR	IF UNDER 24 HRS HOURS MIN.
OCA 51		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.	and the second second	WIDOWED	EVER MARRIED C	BALT	IMORE	COUNTY	THE.
5		TOWSON  AL RESIDENCE (IF NURSING HOME O	(IF NOT INSU	HOSPITAL, NURSIN	HÖSPITAI	R INSTITUTION	Sr. Vice P		126. KIND OF INDUSTRY 1 UNION	Trust
LAND 21 Inn 24 ho In filled in should be	13a S	TARYLAND BAL	NTY	13c. CITY OR TOWN	13d IN:	SIDE CITY LIMITS? NO X THER'S MAIDEN N	28 GL		INE RO	DAD
complete		Clayton  VAS DECEASED EVER IN U.S. AF	MIDDLE	Woodward		FIRST	WIDDLE	DRESS	LAST	
ST., BALTIMORE. Thirate be executioned of an appression and connopers. Pages emoval. event, the medica	(		VE WAR OR DATES)		Mrs		M. Woodwar			ine Road
ADS, 201 W. PRESTON is quires that the death ce signed by the attending. Then please remove carb to burial, cremotion, or rito burial, an ather traumatic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	LATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVI	EN IN PART 110	
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES (	IGS USED OF DEATH?
V OF VII.  SICIAN: T ga physici certificate certificate inial-transi ental Hyggi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR 19		JRRED (ENTER NATURE OF IT	IJURY IN ITEM 18 PA	ART I OR PART 2)	
DIVISION DING PHYY or offer this se as the buse of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR	TOWN	COUNTY	STATE
TTEN pertol for us of He		22a. I certify that (I) (this hosp sow the deceased alive ar obove, (I) (we) (did) (did no 22b. S GNATURE	3/4	19_	ond that i	(my) (aur) apinio	n death occurred on the	date and hour	r and from the c	
TO HOSPITAL OR A retained by the hospital of the hospital DIREC should be detached with the State Dept.		22d PHISICIAN'S NAME (TYPE)	DRPRINT) C	mo	DEGREE	ATTENDING PHYSICIAN DDRESS	MEDICAL S DIRECTOR PHY	AFF SICIAN 🗍	22c. DATE S	SIGNED
BP		SURIAL, CREMATION, REMOVAL (SPECIFY) Cremation UNERAL DIRECTOR	23b. DATE 8-17		ame of CEMETER udon Park				соимту	aryland
DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	JNERAL DIRECTOR" ck Towson Funer	al Home	, Inc. To	50 York R wson, Mar	oad 250. D	ATE REC'D. BY REGISTR. AUG 19 1981	Tren	A SIGNATI	Little .



		OR			S' DEPARTMENT C		ARYLAND	HYGIENE		2 0	3 7	£.
		TATE EGISTRAR			DICAL EXAM		ERTIFICATE	13	REG. NO	2 0	En 1	0
		EASED NAME	FIRST		WIDDLE		LAST	2a. D	ATE KNOWN		DAY YEAR	2b. HOUR
PLEASE ECTOR. PHES. PHOURS SINCET.				HEN			IBRKM	0 . 1	OF ESTI-	8/1	2 1981	A M
S S S S S S S S S S S S S S S S S S S	SEX	F 1. RAC		ATE OF BIRTH	YEAR 6 AGE (III LAST BIR			MIN. PROI	DATE NOUNCED DEAD	8/12	2 1981	2d HOUR
9-193	FORE	THPLACE (STATE OR IGN COUNTRY)  PNADA	7b.	CITIZEN OF W	AT COUNTRY?	8 MARRI WIDOW		RRIED	ALTIMORE CITY C	OR COUNTY	OF DEATH	~
2000		OR TOWN OF DEA	ATH 11.	(IF NOT IN SUCH FA	SPITAL, NURSING HO	ME, OR OTH		12a. USUAL C	CCUPATION (TYP	_		SINESS
RECORDS, 2		RESIDENCE IN INNI	IVER SING HOME OR OTH	208	MIDDLE	WAY	•	H				
DIVISION OF VITAL RECORDS	la. ST	MD	13h COUNTY	L'70	13c. CITY OR TOWI	RIVER	13d INSIDE CITY LIMITS?	Tomas Name	DDRESS MI	DOLEW	'AL	
030	1. FAT	HER'S NAME FIRST	ME	DDLE	LAST		15. MOTHER'S MAI	IDEN NAME	MIDDLE		LAST	
116	a. W	AS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17. INFORMANT	UNI	ADDRESS	5	910	
/		NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	43074	0005	HERBE	RT 57		Sec	THE	יו אם
NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if a gave rise to couse (a) storting lying couse last.	immediate the <u>under-</u>	(b) C DUE TO, OR DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE T	C C C C C C C C C C C C C C C C C C C	or CONDITION GIVEN IN	PART Lio.	lat are siler	terio		
A C	CERTIFICATION	9a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY?	
1				3.00							YES 🗌	NO 🗌
3	AL CE	III. EXTERNAL CAU INDERLYING () CONTRIBUTING ()	OR		A. MONTH DAY Y	AR 21c. HC	W INJURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2]	)	
	ă	WHILE DOT AT WORK	RED	21e PLACE	OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY	ORTOWN	COUNT	Y	STATE
2		220. I certify that death resulted frag	I taak charge of	- M	Accident Accident	Suicide	Hamicide TITLE (SPECIFY)	Undetermin		DATE SIGNED	8/2/8	7
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		XAMINER'S NAME TYPE OR PRINT)	K.S	HH	LUWA.		ADDRESS 21	12 Du	ndelk	No kn	It 2	1222
23	Sa. BUI	RIAL, CREMATION, RICIFY) BUR	IAL 23b. D	S/14/8			ATL	23d. LOCAT	ALTO	COUNTY	A O STA	(TE
2	4 FU	VERAL DIRECTOR	., -	ADDRESS			25 DA	FREC'S BY REG	ISTRAR MARKET	Cham	CARCURE	
	J	.6. COI	VNEL	4	300	MAC	E	7 100		410		

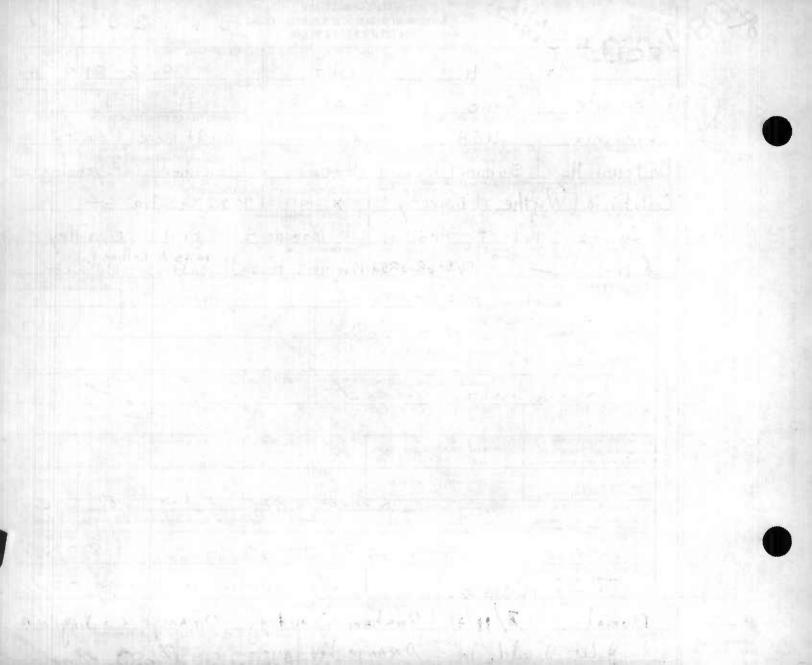
THE REPORT OF SHELL AND THE The parties make med 1 200 children THE PERSON HOUSERS JULY CLASS STORES BY BURHE EXHIBI BALTE, NOTE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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15 18 March 1981 41	ion fibore inc vert. And to Aug	Occaso A. N

Duda-Ruck Funeral Home of Dundalk, Inc.

(VRA 15, 4)

STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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. No standard, seed.				

LAST

Md. 21047

REG. NO

26 HOUR

IF UNDER 24 HRS

10 IF UNGER I YEAR

6. AGE (IN YEARS LAST BIRTHOAY)

9. BALTIMORE CITY OR COUNTY OF DEATH

1 KIND OF BUSINESS OR INDUSTRY

2000 SSHarford Rd.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

70s. IF YES, WERE FINDINGS USED

INCERTIFYING CAUSES OF DEATH! YES [ NO BY THE HOW INJURY OCCURRED (SINTER WATHER OF MAJRY OF THE TR. PART | OR PART TO

COUNTY State

22c. DATE SIGNED

ond dischoo

250 DATE REC'D. BY REGISTRAR THE ISTRAR'S SIGNATURE

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

LESTED

City 17 - Or - 12 Market Marke The second of th POINT HEAVINED TO LONG of a relation research relation . 1. 210 . It is the second of the seco